

Carson City Planning Division
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PRINTED NAME OF AGGRIEVED PARTY:

SIGNATURE:

MAILING ADDRESS, CITY STATE, ZIP

PHONE #

EMAIL ADDRESS

AUTHORIZED REPRESENTATIVE: PRINTED NAME (IF APPLICABLE)

AUTHORIZED REPRESENTATIVE: SIGNATURE (IF APPLICABLE)

AUTHORIZED REPRESENTATIVE: MAILING ADDRESS, CITY STATE, ZIP (IF APPLICABLE)

AUTHORIZED REPRESENTATIVE: PHONE # & EMAIL ADDRESS (IF APPLICABLE)

For Office Use Only:

APPEAL FORM

FEE: \$250.00

Reviewed and Received By:

**A person who is aggrieved by a decision of a hearing examiner, the HRC or the Commission may, not later than 10 days after the date on which the decision is issued in writing, file an appeal to the Board of Supervisors*

- DID YOU SUBMIT AN APPLICATION FOR A PROPERTY PURSUANT TO THE PROVISIONS OF TITLE 18 THAT WAS DENIED BY THE DECISION? YES NO
- DID YOU APPEAR IN PERSON OR THOUGH AN AUTHORIZED REPRESENTATIVE OR IN WRITING BEFORE THE PERSON OR ENTITY FROM WHOM THE DECISION WHICH IS THE BASIS OF THE APPEAL WAS ISSUED? YES NO
 - DID YOU RECEIVE OR SHOULD YOU HAVE RECEIVED A NOTICE OF PUBLIC HEARING AS REQUIRED BY CCMC 18.02.045? YES NO
 - DO YOU RESIDE IN CARSON CITY OR POSSESS A RIGHT IN REAL PROPERTY OR A LAWFUL BUSINESS LOCATED IN CARSON CITY? YES NO

DESCRIPTION OF THE PROJECT THAT IS THE SUBJECT OF THE APPEAL:

DATE NOTICE OF DECISION WAS FILED WITH THE CLERK - RECORDER:

STATEMENT OF THE SPECIFIC ISSUE OF FACT OR LAW RAISED ON APPEAL: (attach separate pages as needed)