

CITY OF JOHNSON, ARKANSAS

APPEAL

FOR STAFF USE ONLY

FEE: \$50.00

Date Application Submitted: _____
Date Accepted as Complete: _____
Petition Number: _____
Public Hearing Date: _____
Planning Commission Action: _____
City Council Action: _____
Zone: _____

Please fill out this form completely, supplying all necessary information and documentation to support your request. Your application will not be placed on the agenda until this information is furnished.

Application:

Indicate one contact person for this request: _____ Applicant _____ Representative

Applicant (person making request):

Representative (engineer, surveyor, realtor, etc.):

Name: _____

Name: _____

Address: _____

Address: _____

E-mail: _____

E-mail: _____

Phone: () _____

Phone: () _____

() _____

() _____

Fax: () _____

Fax: () _____

Site Address / Location: _____

APPLICANT / REPRESENTATIVE: I certify under penalty of perjury that the foregoing statements and answers herein and all data, information, and evidence herewith submitted are in all respects, to the best of my knowledge and belief, true and correct. I understand that submittal of incorrect or false information is grounds for invalidation of application completeness, determination, or approval. I understand that the City might not approve what I am applying for, or might set conditions of approval.

Name (printed): _____ Date: _____

Signature: _____

Checklist:

Attach the following items to this application:

- 1. Payment in full of applicable fees for processing the application - \$50.00
2. Correspondence in the form of a written letter to the City of Johnson with a complete description of this appeal.
3. Appeals to the board of adjustments are to be made within 10 days after the decision has been rendered.
4. Appeals to the City Council for zoning issues are to be made within 30 days after the decision has been rendered by the Planning Commission.