

**APPEAL FORM
OF A ZONE CHANGE APPLICATION
PURSUANT TO ELKO COUNTY CODE
TITLE 4 CHAPTER 9 SECTION 10**

FOR PLANNING STAFF USE ONLY
ZONE CHANGE APPLICATION #:
<i>APPEAL REQUIREMENTS CHECK LIST ECC 4-9-10</i>
NAME OF APPELLANT(s).
APPEAL PLANNING COMMISSION DECISION TO _____ APPROVE _____ DENY
LETTER OF APPEAL HAS BEEN SUBMITTED WITHIN 10 CALENDAR DAYS TO ELKO COUNTY BY AGGRIEVED. ___ YES ___ NO DATE:
APPEAL FEE \$250.00 SUBMITTED. CHECK #
RECORD PACKETS DELIVERED TO ECC DATE:
APPEAL HEARING SET, DATE:
HEARING NOTICED IN NEWSPAPER, DATE:
30 CLOSEST PARCEL OWNERS NOTIFIED BY MAIL, DATE:
APPLICANT AND REPRESENTATIVE NOTIFIED BY MAIL, DATE:
E-MAIL NOTIFICATIONS SENT, DATE:
<i>ACTION OF THE BOARD OF THE COUNTY COMMISSIONERS</i>
PLANNING COMMISSION DECISION HAS BEEN SUSTAINED. ___ YES ___ NO
PLANNING COMMISSION DECISION HAS BEEN MODIFIED. ___ YES ___ NO
PLANNING COMMISSION DECISION HAS BEEN OVERTURNED. ___ YES ___ NO
COUNTY COMMISSION HAS REFERRED ISSUE BACK TO PLANNING COMMISSION. _____ YES _____ NO
<i>ELKO COUNTY COMMISSIONERS REVIEW ECC 4-9-10 DATE: (Must be within 45 calendar days)</i>
ELKO COUNTY COMMISSIONERS HAVE FILED LETTER OF INTENT TO REVIEW WITH COUNTY CLERK. DATE FILED:
ELKO COUNTY COMMISSIONERS REVIEW DATE:
APPEAL FEE \$250.00 RETURNED. CHECK #
STAFF:

APPELLANT(s) Name: _____

Address: _____

