

# APPEALS CHECKLIST

\_\_\_\_\_  
Reviewer Name

\_\_\_\_\_  
Review Date

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Contact Information

\_\_\_\_\_  
Project Name and Address

**WAIVER (CLASS I) / WARRANT (CLASS II SPECIAL PERMIT) APPEAL (Circle one):**

- |                              |                             |  |   |
|------------------------------|-----------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is it within the 15-day appeal period? If not, return materials. |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Proof of Lobbyist Registration                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Letter of Intent indicating Class I or Class II number          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | All other pertinent documents, such as a copy of Final Decision |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Paid receipt (\$500.00)   |

**HISTORIC AND ENVIRONMENTAL PRESERVATION BOARD APPEAL:**

- |                              |                             |  |   |
|------------------------------|-----------------------------|--|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is it within the 15-day appeal period? If not, return materials. |   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Proof of Lobbyist Registration  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Letter of Intent indicating HEPB Resolution number  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | All other pertinent documents, such as a copy of HEPB resolution  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Paid receipt (Code Chapter 17: \$300.00 <b>or</b> Code Chapter 23: \$500.00 + \$3.50 x each property owner) |

**EXCEPTION / VARIANCE / SPECIAL EXCEPTION APPEAL (Circle one):**

- |                              |                             |  |  |
|------------------------------|-----------------------------|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is it within the 15-day appeal period? If not, return materials. |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Proof of Lobbyist Registration                   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Letter of Intent indicating ZB Resolution number |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | All other pertinent documents                    |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Paid receipt of original application             |

**ZONING ADM. INTERPRETATION / PLANNING DIR. DETERMINATION APPEAL (Circle one):**

- |                              |                             |  |  |
|------------------------------|-----------------------------|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is it within the 15-day appeal period? If not, return materials. |  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Proof of Lobbyist Registration                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Letter of Intent with all other pertinent documents/copies |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A                                     | Paid receipt (\$500.00)                                    |

I, \_\_\_\_\_, **authorize any refund to be issued to** \_\_\_\_\_  
\_\_\_\_\_  
**(Name and Complete Address).**

\*If any information/documentation required above is missing, application is not accepted and all documents are returned to the applicant.

\*If all required information/documentation is presented, date stamp and initial the application.