



# THE PLANNING & DEVELOPMENT DEPARTMENT

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## APPEAL TO CITY PLANNING COMMISSION

Complete this form if you are appealing an **Administrative** decision to City Planning Commission.

### APPELLANT CONTACT INFORMATION:

Appellants Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PROJECT INFORMATION:

Project Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
Type of Application being appealed: \_\_\_\_\_  
Include all file numbers associated with application: \_\_\_\_\_  
Project Planner's Name: \_\_\_\_\_  
Hearing Date: \_\_\_\_\_ Item Number on Agenda: \_\_\_\_\_

### YOUR APPEAL SUBMITTAL SHOULD INCLUDE:

1. Completed Application
2. \$176 check payable to the City of Colorado Springs
3. Appeal Statement.
  - See page 2 for appeal statement requirements.

Submit **all** 3 items above to the **Land Use Review office (30 S Nevada, Suite 105, Colorado Springs, CO 80903)**. Appeals are accepted for 10 days after a decision has been made. Submittals must be received no later than 5pm on the due date of the appeal. Incomplete submittals and / or submittals received after 5pm or outside of the 10 day window will not be accepted. If the due date for the submittal falls on a weekend or federal holiday, the deadline is extended to the following business day.

*If you would like additional assistance with this application or would like to speak with the neighborhood development outreach specialist, contact Katie Sunderlin at [sunderka@springsgov.com](mailto:sunderka@springsgov.com) (719) 385-5773.*

### APPELLANT AUTHORIZATION:

The signature(s) below certifies that I (we) is(are) the authorized appellant and that the information provided on this form is in all respects true and accurate to the best of my (our) knowledge and belief. I(we) familiarized myself(ourselves) with the rules, regulations and procedures with respect to preparing and filing this petition. I agree that if this request is approved, it is issued on the representations made in this submittal, and any approval or subsequently issued building permit(s) or other type of permit(s) may be revoked without notice if there is a breach of representations or conditions of approval.

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Signature of Appellant  
Last Modified: 5/31/2018

Date

**THE APPEAL STATEMENT SHOULD INCLUDE THE FOLLOWING**

- If you are appealing a decision made Administratively the following should be included in your appeal statement:
  1. Verbiage that includes justification of City Code 7.5.906.A.4
    - i. Identify the explicit ordinance provisions which are in dispute.
    - ii. Show that the administrative decision is incorrect because of one or more of the following:
      1. It was against the express language of this zoning ordinance, or
      2. It was against the express intent of this zoning ordinance, or
      3. It is unreasonable, or
      4. It is erroneous, or
      5. It is clearly contrary to law.
    - iii. Identify the benefits and adverse impacts created by the decision, describe the distribution of the benefits and impacts between the community and the appellant, and show that the burdens placed on the appellant outweigh the benefits accrued by the community.

**CITY AUTHORIZATION:**

Payment: \$ \_\_\_\_\_

Date Application Accepted: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Appeal Statement: \_\_\_\_\_

Intake Staff: \_\_\_\_\_

Completed Form: \_\_\_\_\_

Assigned to: \_\_\_\_\_