



CITY OF EAGLE

660 E. Civic Lane, Eagle, ID 83616

Phone #: (208) 939-0227 Fax #: (208) 938-3854

Application for Appeal

FILE NO.:	_____	FEE:	_____
CROSS REF.	_____		
FILES:	_____		

I (we) _____, hereby appeal the decision of the City of Eagle Building Official Zoning Administrator to the Eagle City Council:

Specific Action Being Appealed:

Grounds for Appeal

1. _____
2. _____
3. _____
4. _____

Appeal Contact Person

Address: _____

Home Phone: _____

Work Phone: _____

Note:

Appeals are accepted under the conditions of Eagle City Code Section # 8.7.4.1 A separate written justification addressing the relevant code section is required to supplement this application.

IF THE CITY COUNCIL OR THE ZONING ADMINISTRATOR DETERMINE THAT ADDITIONAL AND/OR REVISED INFORMATION IS NEEDED, AND /OR IF OTHER UNFORSEEN CIRCUMSTANCES ARISE, ANY DATES OUTLINED FOR PROCESSING MAY BE RESCHEDULED BY THE CITY.

APPLICANT/REPRESENTATIVE MUST ATTEND THE CITY COUNCIL MEETING.

Eagle City Code Section 1-7-4 (A) states, "Fee Schedule Established: The city clerk or their designee, at the time of the filing of a land use application, petition, or receipt of an area of impact referral, shall collect the fee and/or deposit established by resolution of the city council together with a deposit for any direct costs incurred by the city to review such requests by architects, engineers, attorneys, or other professionals necessary to enable the city to process said application, petition, or referral in an informed manner." Direct costs, as underlined in 1-7-4 (A) above, shall be required to be paid by the applicant in a time frame to be determined by the City Policy for Collection and Enforcement of Deposits and Fees for Land Use Action as approved and adopted by the Eagle City Council.

NOTE: The processing of an application shall be delayed or stopped if deposit balances and direct costs are not reimbursed as required in accordance with the adopted policy.

Regulatory Taking Notice: Applicant has the right, pursuant to section 67-8003, Idaho Code, to request a regulatory taking analysis.

Signature of Applicant/Representative: _____ Date _____

Printed name of Applicant/Representative: _____ Date _____

Signature of receipt by City staff: _____ Date _____