

CITY OF NORTH LAS VEGAS

PLANNING COMMISSION APPEAL FORM

A \$200.00 filing fee must accompany this Appeal Form. Please make your check payable to the City of North Las Vegas and submit it, along with this Form, to the City Clerk's Office before close of business on the 7th day after the Planning Commission decision.

1. INDIVIDUAL APPEALING THE PLANNING COMMISSION DECISION: (check one)
 - A. _____ Applicant
 - B. _____ City Department (specify) _____
 - C. _____ Property owner within 300 feet (please state location of property) _____

 - D. _____ Person whose property rights are or may be affected (complete attached Affidavit)
2. NAME OF PERSON APPEALING THIS DECISION: _____
3. TELEPHONE NUMBER: (Home) _____ (Work) _____
4. PROJECT LOCATION/ADDRESS: _____
5. MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____
6. APPLICATION NUMBER: _____
7. THE PLANNING COMMISSION:
 - A. _____ Granted the above application
 - B. _____ Denied the above application
8. DATE OF PLANNING COMMISSION DECISION: _____
9. PLEASE INDICATE WHY YOU ARE APPEALING THIS DECISION:

DO NOT WRITE IN THIS SPACE
Received by: _____
Date Received: _____
Council Meeting to Set Public Hearing Date: _____
PUBLIC HEARING DATE: _____

Name (Please Print)

Signature

Date

