

**PARK COUNTY APPLICATION FOR
APPEAL OF ADMINISTRATIVE INTERPRETATION OR DECISION
NON-REFUNDABLE APPLICATION FEE: \$550**

NOTE: APPEAL MUST BE FILED WITHIN TEN (10) DAYS OF DENIAL

The Park County Board of County Commissioners at a public hearing hears an Appeal of Administrative Decision application.

In order to process your application, the Chief Administrative Officer to the Board of County Commissioners must have **one original and four (4) collated copies** of the following information within ten (10) days after the date of the written administrative interpretations or decision.

If you have questions regarding this form please contact the Planning Department by phone at (719) 836-4292, e-mail planning.zoning@parkcountyco.gov, fax (719) 836-4351, or write to us at P.O. Box 1598 Fairplay, CO 80440

A. APPLICANT AND OWNERSHIP INFORMATION

Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone (work) _____ (home) _____ (fax) _____

Owner's Name: _____

Mailing Address: _____

Telephone No. and Email Address: _____

B. PROPERTY INFORMATION

Complete Legal Description of Property subject to the Administrative Interpretation or Decision (attach additional page, if necessary):

Street Address of Property: _____

Property's Total Acreage: _____

Current Zone District of Property: _____

<p>For County Use Only Planning Department Confirmation of Current Zone District: District: _____ _____ Print Full Name</p>
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**Requirements for an Appeal of Administrative Decision
Article III, Division 2, Section 3-204**

**For County Use
Only:**
Initial Receipt of
the Required
Information

C. APPLICATION REQUIREMENTS

1. Application Fee. An application fee in the amount of \$530 must be paid at the time of submission of the application. Make the check or money order payable to: Park County Board of County Commissioners. The fee pays for the typical cost to the County to process the application including the cost of publication of the necessary public notices. Any additional costs that may occur are the applicant's responsibility.
2. A copy of the written administrative interpretations or decisions being appealed.
3. A written description of the reasons justifying the appeal.
4. Any other documentation deemed appropriate by the Applicant.

(1.) _____

(2.) _____

(3.) _____

(4.) _____

Note: Refer to Park County Land Use Regulations Article III for Appeal regulations.

D. APPLICANT AND LANDOWNER SIGNATURES:

The undersigned applicant and landowner(s) hereby verifies and affirms that the information contained in this application is complete and accurate. The undersigned applicant and landowner (s) understands and acknowledges that the submission of inaccurate and incorrect information may result in the denial or rejection of the application and/or result in the invalidation of any approvals issued by Park County, Colorado.

Applicant: Signed: _____

Print name: _____

If company, state Title/Position: _____

E. VERIFICATION OF DATE OF DELIVERY OF APPLICATION

This application was submitted to the Chief Administrative Officer on the following date and time:

_____, 20____
Month Day Year

Payment of the Applicant Fee was made by:

____ Personal Check # _____ Amount \$ _____
____ Cash Amount \$ _____
____ Other _____ Amount \$ _____

For County Use Only:
Verification of Date of Delivery and
County Receipt of Application
Date: _____
Print Name: _____

APPLICANT MUST ATTEND THE HEARING. IF A REPRESENTATIVE ATTENDS THE HEARING ON BEHALF OF THE APPLICANT, A NOTARIZED LETTER OF CONSENT MUST ACCOMPANY THE APPLICATION.

ALL BOARD OF COUNTY COMMISSIONER HEARINGS WILL BE SCHEDULED FOR THE THIRD THURSDAY OF EVERY MONTH. IF A QUORUM IS NOT AVAILABLE, THE HEARING WILL BE SCHEDULED THE NEXT AVAILABLE DATE.