



**HISTORIC DOWNTOWN ADVISORY COMMISSION (HDAC)  
APPLICATION FOR APPEAL**

*ALL ITEMS ON THIS APPLICATION MUST BE COMPLETED.*

**Application Fee: \$400.00  
Per Fee Ordinance 2019-49**

**Appellant:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Property Owner:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Attorney for Appellant:** \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Lot Number/Subdivision: \_\_\_\_\_ Zoning District/Use: \_\_\_\_\_

The undersigned request review of the decision of the Historic Downtown Advisory Commission (HDAC) dated \_\_\_\_\_. It is the contention of the Appellant that the following error was made in the determination of the HDAC. Please make specific reference to the Section of Zoning Ordinance or other it is claimed the error occurred (attach additional pages if needed).

**(SEE OVER)**

