

**KENTON COUNTY PLANNING COMMISSION  
APPLICATION FOR APPEAL OF STAFF ACTION**

1. APPLICANT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ Phone \_\_\_\_\_

OWNER, IF DIFFERENT THAN APPLICANT:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE/ZIP \_\_\_\_\_ Phone \_\_\_\_\_

2. IDENTIFY ISSUE TO BE APPEALED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. REASONS FOR APPEAL:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. INFORMATION SUBMITTED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. **APPEAL REVIEW FEE: \$536.00** made payable to **Kenton County Planning Commission.**

6. THE FOREGOING INFORMATION AND ATTACHMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
SIGNATURE OF APPLICANT