

Received on/by: _____
Date, initials



**APPEAL APPLICATION FOR A
DENIAL OF ZONING APPLICATION
BY PLANNING AND ZONING COMMISSION**

Project Name: _____

Project Address/Legal Description: _____

Project Applicant Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Date of Denial (Owner has ten days to appeal from rezoning denial): _____

By signing below you are requesting that the denial of the zoning application by the Planning and Zoning Commission be appealed to City Council pursuant to Section 2.35.2, Exhibit "A" Zoning Ordinance, Chapter 30 Zoning of the City of Dripping Springs Code of Ordinances.

Signature of Applicant

Date