



(For Office Use Only)
Land Use File No.

TYPE III DECISION – APPEAL APPLICATION (To City Council)

FEE: \$1,200.00

**Regulated by Section 17.401.040(E) of the Dundee Municipal Code*

1) Applicant Information:

Name of Applicant: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

Co-Applicant: _____ Phone Number: _____

Identify Decision Being Appealed: _____

File Number: _____ Date of Decision _____

2) Description:

Please state the specific issues being raised on appeal:

Were the issues stated above raised in writing or by giving oral testimony during the public hearing process?

I hereby certify that all information, justification, and supplemental information submitted are in all respects true and correct to the best of my knowledge.

Applicant: _____ Date: _____

Co-Applicant / Owner: _____ Date _____