Appeal Checklist

An Appeal requires a public hearing with the City Council. The Appeal application shall be filed no later than the close of business 15 days after the Planning and Zoning Commission decision.

Project name:  
Applicant:

All applications are required to contain one copy of the following:

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Description</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Completed and signed Commission &amp; Council Review Application.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Statement indicating reasons for Appeal—Appeal Form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Affidavit of Legal Interest (for all interested parties)</td>
<td></td>
</tr>
</tbody>
</table>

Note: Only one copy of the above items need to be submitted when applying for multiple applications. The associated fee is for EACH appeal request; multiple parties under one application must designate a representative to speak, or each person pays the fee.
State of Idaho )
County of Ada )

I, ______________________________________,_____________________________________
Name           Address

_______________________________________ ,____________________________________
City         State               Zip Code

being first duly sworn upon oath, depose and say:

(If Applicant is also Owner of Record, skip to B)

A.  That I am the record owner of the property described on the attached, and I grant my
permission to ______________________________________

Name      Address

to submit the accompanying application pertaining to that property.

B.  I agree to indemnify, defend and hold City of Kuna and its employees harmless from any
claim or liability resulting from any dispute as to the statements contained herein or as to
the ownership of the property which is the subject of the application.

C.  I hereby grant permission to the City of Kuna staff to enter the subject property for the purpose
of site inspections related to processing said application(s),

Dated this ___________________________day of ______________________________, 20_____

____________________________________________________________
Signature

Subscribed and sworn to before me the day and year first above written.

Notary Public for Idaho

Residing at: ____________________________________________________

My commission expires: __________________________________________
City of Kuna

APPEAL FORM

NAME:_____________________________________________________________________________

ADDRESS:__________________________________________________________________________

TELEPHONE #:______________________________________________________________________

DECISION(S) YOU ARE APPEALING:______________________________________________________

Reasons for Appeal (list all and add sheets if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Describe Why You are an Affected Person:________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

DO NOT WRITE BELOW THIS LINE

DATE OF APPEAL:______________________________________________________________________

COMMENTS:__________________________________________________________________________

____________________________________________________________________________________