

TRAKIT# _____

**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: \$448.95 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