

**FORM A: Appeals**

**Complete applications for appeals will only be accepted within 15 consecutive days, excluding holidays, after the decision being appealed was made.**

- APPEAL OF A DECISION OF CITY PLANNING STAFF (HISTORIC PRESERVATION PLANNER) ON A HISTORIC CERTIFICATE OF APPROPRIATENESS – MINOR TO THE LANDMARKS COMMISSION (LC)**
- APPEAL OF A DECISION OF CITY PLANNING STAFF ON AN IMPACT FEE ASSESSMENT TO THE ENVIRONMENTAL PLANNING COMMISSION (EPC)**
- APPEAL TO CITY COUNCIL THROUGH THE LAND USE HEARING OFFICER (LUHO)**

\_\_\_ Interpreter Needed for Hearing? \_\_\_ if yes, indicate language: \_\_\_\_\_

\_\_\_ A Single PDF file of the complete application including all documents being submitted must be emailed to [PLNDRS@cabq.gov](mailto:PLNDRS@cabq.gov) prior to making a submittal. Zipped files or those over 9 MB cannot be delivered via email, in which case the PDF must be provided on a CD. PDF *shall be organized* with the Development Review Application and this Form A at the front followed by the remaining documents *in the order provided on this form*.

\_\_\_ Project number of the case being appealed, if applicable: \_\_\_\_\_

\_\_\_ Application number of the case being appealed, if applicable: \_\_\_\_\_

\_\_\_ Type of decision being appealed: \_\_\_\_\_

\_\_\_ Letter of authorization from the appellant if appeal is submitted by an agent

\_\_\_ Appellant’s basis of standing in accordance with IDO Section 14-16-6-4(V)(2)

\_\_\_ Reason for the appeal identifying the section of the IDO, other City regulation, or condition attached to a decision that has not been interpreted or applied correctly, and further addressing the criteria in IDO Section 14-16-6-4(V)(4)



\_\_\_ Copy of the Official Notice of Decision regarding the matter being appealed

***I, the applicant or agent, acknowledge that if any required information is not submitted with this application, the application will not be scheduled for a public meeting or hearing, if required, or otherwise processed until it is complete.***

<b>Signature:</b>	<b>Date:</b>
-------------------	--------------

<b>Printed Name:</b>	<input type="checkbox"/> Applicant or <input type="checkbox"/> Agent
----------------------	--

**FOR OFFICIAL USE ONLY**

Case Numbers:	Project Number:	
Staff Signature:		
Date:		