



DELTA COUNTY

PLANNING & COMMUNITY DEVELOPMENT

APPEAL APPLICATION

APPEAL FEE: \$250

Appeals are presented to the Board of Adjustment (BOA). The BOA shall hear and decide appeals where it is alleged that there is an error in any order, requirement, decision or determination made by the Director in the administration of the Land Use Code. Hearings of appeals before the BOA shall be new hearings where any information, including new information, is allowed. In order to initiate an appeal, an aggrieved party must submit a complete application and filing fee within fifteen (15) calendar days from the date of the Director's decision (Chapter 9, Section 4). When filling out the application please use **blue** or **black** ink. Incomplete applications are not considered filed; meaning, the application is incomplete.

We accept Cash, Check and all major Debit/Credit Cards (service fee applied at check out)

Please make checks payable to **DELTA COUNTY**

If you wish to pay online, you can do so [here](#). Please make include the term "Appeal" in the Payment Notes.

GENERAL INFORMATION

SITE ADDRESS: _____

ASSESSOR'S ACCOUNT (R#123456) OR PARCEL ID (Ex: 999999999999):

DESCRIPTION (Please describe reason for filing this application): _____

PROPERTY OWNER(S): _____

MAILING ADDRESS: _____

PHONE: _____

E-MAIL: _____

☐ Check here if property owner is same as applicant.

APPLICANT(S): _____

MAILING ADDRESS: _____

PHONE: _____

E-MAIL: _____

NOTE: If Applicant is not the owner, authorization (e.g., Power of Attorney), from owner(s) of all properties associated with this permit is **REQUIRED**



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ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that the information provided herein is complete and accurate to the best of my knowledge. I certify that I have read and understand the requirements of this application, including that all materials required by Delta County must be submitted prior to the application being processed. I understand that an aggrieved party is a property owner who is also defined as a neighbor. I certify that I received notification for the project in which I am filing an appeal for.

Applicant Signature: _____ DATE: _____

Owner Signature: _____ DATE: _____

APPEALS

The BOA may reverse or affirm, wholly or partly, or may modify the order, requirement, decision or determination as out to be made; where the BOA finds that the Director acted:

1. Without clear and convincing evidence to support the order, requirement, decision or determination; or
2. Beyond the Director's authority.

Please explain how you are aggrieved (affected) by the Director's decision. Please be as detailed as possible. If you need more room, please attach additional sheets to this application.

(OFFICE USE ONLY)

APL#: _____ DATE RECEIVED: _____ PLN# Case Association: _____



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NOTARY

COLORADO NOTARY ACKNOWLEDGMENT

State of Colorado
County of Delta

This record was acknowledged before me on this _____ day of _____, 20 _____,

by _____

Notary's Official Signature

(seal)

Title of Office: _____

My Commission Expires: _____