City of Horn Lake, MS 3101 Goodman Road West Horn Lake, MS 38637 HILLIAN LINE OF BORN AND LINE OF BORN AN

Phone: 662.393.6705 Fax: 662.342.3485 plandept@hornlake.org

Munis ID #_____

Planning & Development **Appeal of Decision**

Applicant Name_				Phone	
Applicant Address	s				
Representative N	ame (if different)			Phone	
Representative A	ddress				
Appeals from Ad	ministrative Inte	rpretation of the Z	oning Administra	tion – Any person or persons	
aggrieved with the	administrative in	terpretation of the Z	oning Administrato	r shall have the right to appeal suc	
interpretation to th	terpretation to the Planning Commission. All such appeals shall be in writing.				
State What Admir	nistrative Interpr	retation is Being A	opealed:		
State Reason for	Appeal:				
		<u> </u>		on or persons aggrieved by any	
	-		-	overning Authority and the Governing	
		-	cision as my be pr	oper. All such appeals shall be in	
writing. A fee of fi	rty (50) donars w	m be assessed.			
State What Plann	ing Commissior	Recommendation	is Being Appeale	ed:	
State Reason for	Appeal:				
		g Authority – Part		decisions of the governing author	
I hereby request	a public hearin	g relative to the d	ecision that I am	appealing, as stated above.	
Applicant's Sign	ature			Date	
Permit Fee	Cash	Check	Card	Receipt #	
Accepted by			Date	Permit #	