



Development Services / [maranaplanning@maranaAZ.gov](mailto:maranaplanning@maranaAZ.gov)

11555 West Civic Center Drive / Marana, AZ 85653

Ph (520) 382-2600 / Fax (520) 382-2641 / [MaranaAZ.gov](http://MaranaAZ.gov)

## CONDITIONAL USE PERMIT APPEAL

### CONTACT INFORMATION

Contact Name of the party filing this appeal:

Address:

City:

State:

Zip:

Email:

Phone No.:

The party filing this appeal is (check all that apply):\*

The CUP applicant       A Council member       The Town Manager       Owner within 300'

\* Town Code section 17-3-2 (Conditional use permits), paragraph G, provides that the Planning Commission's action on a conditional use permit application may be appealed to the Council by the applicant, any member of the Council, the Town Manager or any property owner within 300 feet of the subject property

### APPEAL INFORMATION

Address of requested conditional use permit:

Reason(s) for this appeal (Optional; Attach additional sheets if needed):

Requested outcome of this appeal (Optional; Attach additional sheets if needed):

### AUTHORIZED SIGNATURE OF PARTY FILING THIS APPEAL

The undersigned hereby represents that he or she is the party filing this appeal and/or is authorized to sign this application on behalf of the party filing this appeal.

Applicant Name (PRINT)

Signature

Date †

† Town Code section 17-3-2 (Conditional use permits), paragraph G, provides that an appeal of the Planning Commission's action on a conditional use permit must be filed, with the appropriate fee, within 15 days following the date of the Planning Commission's action

### FOR OFFICIAL USE ONLY

Project No. \_\_\_\_\_

Date Filed \_\_\_\_\_

Date of Planning Commission's action \_\_\_\_\_

Fee paid      Date \_\_\_\_\_