



CITY OF NEVIS APPEAL REQUEST

P.O. Box 108, 104 Main Street West, Nevis, MN 56467
(218) 652-3866, email: neviscty@arvig.net

Appeal Request: This is a request to appeal an administrative decision made in the enforcement of the Nevis Zoning Ordinance. I understand that the Zoning Commission will hear this appeal within sixty (60) days of the date that this application is submitted to City Hall and that all decisions made by the Zoning Commission shall be final except that any person shall have the right to appeal to the District Court within thirty (30) days after receipt of the notice of the decision made by the Zoning Commission.

My signature indicates that I have read and understand the above:

Name Date

Applicant: _____ Phone: _____

Address: _____

Owner: (if other than applicant) _____ Phone: _____

Address: _____

Description and Reason (basis) for Appeal:

Action taken by the Zoning Commission: _____

_____ approved _____ denied

Zoning Chairperson Date

Copy mailed to applicant on: _____

Staff signature: _____