



**City of Rio Rancho**  
**Development Services**  
 3200 Civic Center Circle NE, 1<sup>st</sup> Floor  
 Rio Rancho, NM 87144  
 (505) 891-5005 Fax: (505) 896-8994

## Appeal to Planning & Zoning Board

**Fee \$67.00**

07-300- \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Date Scheduled P&Z Meeting: \_\_\_\_\_

### Appellant

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Agent

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Reason for Appeal

Use additional sheets if necessary and any additional sketches or information to support your appeal. Your original application and any attachments will be considered on appeal, and it is not necessary to repeat information contained herein.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Notes

Appeal from an adverse determination of Development Services must be made within thirty (30) days of the date of such determination.

\_\_\_\_\_  
*Appellant Name (printed)* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Appellant Signature*

### For Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Application No: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Scheduled Planning and Zoning Meeting Date: \_\_\_\_\_

Action taken by Planning and Zoning Committee:  Approved  Disapproved  Other

\_\_\_\_\_  
 \_\_\_\_\_