



**Greater Bemidji Area
Joint Planning Board**

Application for Appeal

Please complete this application carefully and completely. PLEASE PRINT. Failure to fill in all of the required information may result in a delay of processing your application.

A fee of \$ _____ made payable to the **City of Bemidji** must accompany this application. Additional escrow or verification fees may apply for approved projects.

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An escrow account is established as indicated above to cover technical and legal expenses incurred by the Joint Planning Board (JPB) as part of the plan review. The applicant is responsible for all costs incurred by the JPB during plan review. If the escrow amount drops below 10% of the original deposit amount the JPB may require submittal of an additional escrow deposit sufficient to cover any anticipated expenses. Upon determination by the JPB that the project is complete or expired, the JPB will return the remaining escrow deposit to the applicant.

| OFFICE USE ONLY | |
|----------------------------|-------|
| Complete Application Rec'd | _____ |
| Payment Rec'd | _____ |
| Field Checked | _____ |
| Zoning District | _____ |
| Date Permitted | _____ |
| Permit Number | _____ |
| Comments | _____ |

APPLICANT DATA

| | | | |
|--------------------|-------|---------|-------|
| NAME OF APPLICANT: | _____ | EMAIL: | _____ |
| MAILING ADDRESS: | _____ | | |
| SITE ADDRESS: | _____ | PARCEL: | _____ |
| PHONE NUMBER: WORK | _____ | HOME | _____ |

APPEAL REQUEST

| | | |
|---|------------------------------|-----------------------------|
| Appeal decision of the Joint Planning Board decision? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Appeal decision of Joint Planning Board Director? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Explain the reason for the appeal. Please included date(s) of events: _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

ALL APPLICANTS MUST SIGN BELOW

I hereby certify that I am the owner or authorized agent of the owner of the above described property. Intentional or unintentional falsification of this application or any attachments thereto will serve to make this application and any resultant invalid. I also authorize Greater Bemidji Area Joint Planning staff to inspect the property during review of this application and subsequent construction during reasonable times of the day.

Applicant: _____

Applicant _____

Date: _____

OFFICE USE ONLY

Reviewed by _____

Date _____

Complete Application Yes No

COMPLETED FORMS CAN BE SUBMITTED AT CITY HALL, 317 4TH STREET NW, LOWER LEVEL