



# RECONSIDERATION REQUEST CHECKLIST

## (ACC 8-7E-5)

A Reconsideration Request requires the Board of Ada County Commissioners to consider the request and decide whether or not to grant it. If granted, a public hearing will be scheduled and held.

### GENERAL INFORMATION:

| Applicant: | DESCRIPTION   | Staff: |
|------------|---|--------|
|            | APPLICATION # TO BE RECONSIDERED:   |        |
|            | DATE FINDINGS WERE APPROVED BY THE BoCC:  |        |
|            | DETAILED LETTER by the applicant fully describing the request addressing the following: |        |
|            | Reason for the Reconsideration. Be Specific.  |        |
|            | Specific deficiencies in the Board's previous decision.                                 |        |
|            | File number of the original application:  |        |
|            | Date of the written decision that is being appealed:                                    |        |
|            | <b>*Must be filed within fourteen (14) days after the date of the written decision.</b> |        |

|  |   |  |
|--|---|--|
|  | <b>APPLICATION FEE: \$350</b><br><i>NOTE: Building, Engineering, and Surveying applications and fees may be required and are separate from Planning &amp; Zoning Applications and Fees.</i> |  |
|--|---|--|

Application will not be accepted unless all applicable items on the form are submitted. This application shall not be considered complete until staff has received all required information.

**PLEASE PRINT ALL INFORMATION CLEARLY & LEGIBLY!**

| APPLICANT/AGENT:   | ADDITIONAL CONTACT, <i>if applicable</i> : |
|--|--|
| Company Name <i>(if applicable)</i> :                              | Company Name <i>(if applicable)</i> :      |
| Applicant Name:  | Applicant Name:                            |
| Address:   | Address:                                   |
| City: State: Zip:  | City: State: Zip:                          |
| Telephone: Fax:  | Telephone: Fax:                            |
| Email:   | Email:                                     |
| I certify this information is correct to the best of my knowledge. | ADDITIONAL CONTACT, <i>if applicable</i> : |
|  | Company Name <i>(If applicable)</i> :      |
|  | Name:                                      |
|  | Address:                                   |
|  | City: State: Zip:                          |
|  | Telephone: Fax:                            |
|  | Email:                                     |
| Signature: (Applicant) Date:                                       |  |

### OFFICE USE ONLY:

|              |                |               |  |
|--------------|----------------|---------------|--|
| Project #:   | PLANNING FEES: |               |  |
| RECEIVED BY: | DATE:          | DATE STAMPED: |  |