Administrative Decision Appeal

Hubbard County Environmental Services
301 Court Ave., Park Rapids, MN 56470
Phone: 218.732.3890
www.co.hubbard.mn.us/departments/environmental_services.php

Form must be legible and completed in ink. **Application fee: $500**

Applicant Name(s): _____ Phone: _____

Street Address: _____City: _____ State: ___ Zip Code: _____

The Applicant is appealing the following administrative decision concerning Ordinance No. _____ titled "_____", Section(s) _____:

The date of the administrative decision is: _____

The grounds for requesting the appeal, and my arguments in support of it, are as follows:

I have read and fully understand the above instructions. I hereby make application for an administrative decision appeal, agreeing to do so in accordance with all Hubbard County Ordinances. By signing this application, I hereby certify that the information contained in this appeal is a true, accurate and complete representation of facts, conditions, and arguments concerning the proposed administrative decision appeal. I hereby state and affirm that any and all attachments and documents submitted herewith are true and accurate. I understand that if any of the information provided by me in this application is later found or determined by the County to be inaccurate, the County may revoke the administrative decision appeal and/or any resulting permit based upon the supplying of inaccurate information. I understand and agree that to the extent the County deems it reasonable or necessary to conduct an inspection of my property or premises for processing my appeal, that this application constitutes permission for such an inspection.

_____

Signature of Applicant

Office Use Only:

Date received by Env. Services: _____ Rec'd by: _____ Receipt # : _____ App. # : _____
Date heard by Board of Adjustment: _____
Board of Adjustment Action: _____
_____

Reset Form Click the "Reset Form" button to the left to clear all information from the form.