



City Clerk's Office
 1 E First Street
 2nd Floor
 Reno, NV 89501
 775-334-2030
 CityClerk@reno.gov

For Office Use: Date Stamp

City of Reno Notice of Appeal Form

Please complete this form to appeal a decision made by a City official, a hearing examiner, or the Planning Commission.

To be considered complete, the appeal must: (1) be in writing; (2) provide information addressing all of the items below; (3) be accompanied by the required appeal fee adopted by the City Council; and, (4) submitted to the City Clerk's Office or emailed to cityclerk@reno.gov.

An incomplete form will be returned to you, and may result in a delay in scheduling your appeal.

In addition, all appeals must be filed within the applicable period of limitations. For example, an appeal of a Planning Commission decision must be submitted to the City Clerk's Office within ten business days after the date of filing of notice of the decision with the City Clerk. (The City Clerk's Office maintains a list of common periods of limitations available upon request.)

Untimely appeals will be rejected by the City Clerk, and any appeal fees paid will be returned.

1. Type of Appeal (please select only one)

- | | |
|--|---|
| <p style="text-align: center;">RMC: Title 18 Code</p> <p><input type="checkbox"/> Planning Commission Decision</p> <p><input type="checkbox"/> Hearing Examiner Decision</p> <p><input type="checkbox"/> Minor Deviation</p> <p><input type="checkbox"/> Minor Conditional Use Permit</p> <p><input type="checkbox"/> Site Plan Review</p> <p><input type="checkbox"/> Administrative Interpretation</p> | <p style="text-align: center;">RMC: Administrative Code</p> <p><input type="checkbox"/> Code Enforcement Citation</p> <p><input type="checkbox"/> Business License</p> <p><input type="checkbox"/> Building Permit</p> <p><input type="checkbox"/> Sign Permit</p> <p><input type="checkbox"/> Other: _____</p> |
|--|---|

2. Appellant Information:

Appellant Name: _____

Authorized Representative: _____

Address: _____

Telephone No.: _____

Email Address: _____

3. Brief description of the action, decision, or order being appealed. (Please reference the project name, address, case number, citation number, or permit number, as applicable. Attach additional sheets, as necessary.)

4. Describe in detail how the action, decision, or order being appealed impacts you or your property, as applicable. (Attach additional sheets, as necessary.)

5. Describe in detail the reason(s) why the action, decision, or order being appealed should be reversed, modified or set aside. (Attach additional sheets, as necessary.)

6. Please identify and attach all documentation/evidence that you would like considered supporting your appeal. (Attach additional sheets, as necessary.)

7. Relief or action sought. (Attach additional sheets, as necessary.)

Appellant or Authorized Representative

Signature (Print Name):

By checking this box, I agree information is complete and I have authority to sign this form.

For Office Use:

Hearing Date: _____

Hearing Time: _____

Hearing Location: _____

Via Zoom (Link emailed to information indicated above at least 5 business days prior to hearing)

Received by: _____