



## APPEAL OF ADMINISTRATIVE DECISION APPLICATION

App Date _____
Fee _____
File No. _____

### OWNER INFORMATION

Name(s) \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT/AGENT INFORMATION

Name(s) \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Describe the order, requirement, decision or determination of an administrative official which is being appealed, including date, name of official, and specifications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State why you believe the administrative action described above is in error:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPEAL OF ADMINISTRATIVE DETERMINATION APPLICATION CHECKLIST

### APPLICATION SUBMITTAL REQUIREMENTS

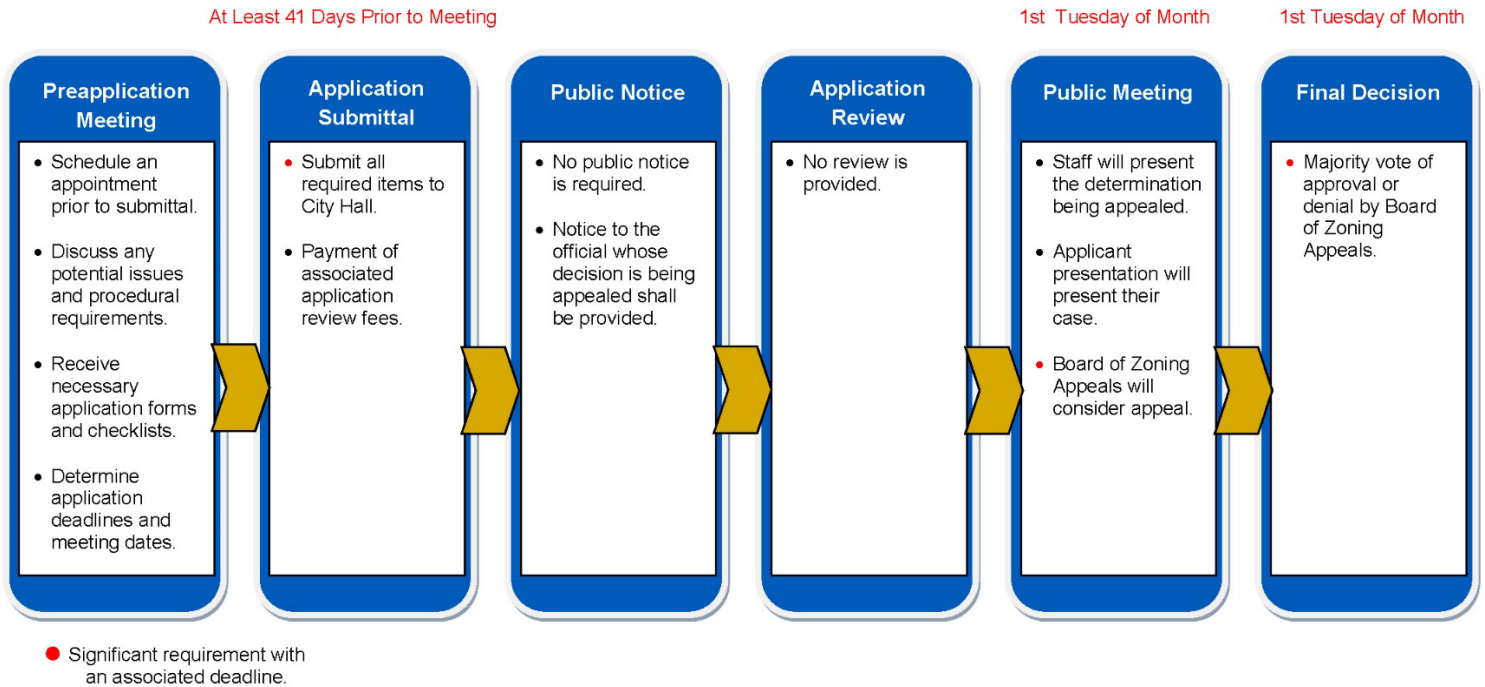
- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Complete application packet                       |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Application fee                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Copy of the official determination being appealed |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Digital copies (PDF) of the completed application |

I hereby submit all information required for appeal of administrative determination application review. I understand that failure to provide the required information may result in a postponement of my request for review until all information has been submitted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## APPEAL OF AN ADMINISTRATIVE DECISION APPLICATION PROCESS



\*Please Refer to the BZA “Schedule and Submittal Deadline” calendar for upcoming submission deadlines and meeting dates.

### REVIEW CRITERIA

The review of an appeal of an administrative decision is based on the regulations of the Land Development Code, Title 17 of the Gardner Municipal Code at [www.gardnerkansas.gov/documents/city-code](http://www.gardnerkansas.gov/documents/city-code).

The appeal of an administrative decision shall be reviewed according to the following action and criteria:

The Board of Zoning Appeals shall grant the administrative official's decision a presumption of correctness, placing the burden of persuasion of error on the appellant. An appeal shall be sustained only upon written findings that the official was in error. In exercising the appeal power, the Board shall have all the powers of the official from whom the appeal is taken, and the Board may reverse or affirm wholly or partly or may modify the decision being appealed. The Board of Zoning Appeals shall take action on an appeal within a reasonable period of time after application submittal, but in no case more than 60 days after receipt of a complete application.