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## APPEAL OF AN ADMINISTRATIVE DECISION

We, the undersigned, do hereby submit an application to the Board of Adjustment of the City of Fargo, North Dakota, to hear and decide an appeal of a decision made by an administrative official of the City of Fargo.

Property Owner Information
Name ( <i>printed</i> ): _____
Address: _____ _____
Primary Phone: _____
Alternative Phone: _____
Fax: _____
Email: _____

Representation Information ( <i>if applicable</i> )
Name ( <i>printed</i> ): _____
Address: _____
Company _____
Primary Phone: _____
Alternative Phone: _____
Fax: _____
Email: _____
<input type="checkbox"/> Same as property owner

Location of property involved in the appealed decision ( <i>if applicable</i> )
Address: _____
Legal Description ( <i>attach separate sheet if more space is needed</i> ): _____ _____

Item for Appeal ( <i>attach separate sheet if more space is needed</i> )
_____ _____

Reason for Appeal ( <i>attach separate sheet if more space is needed</i> )
_____ _____ _____ _____ _____ _____ _____



**Acknowledgement** – We hereby acknowledge that we have familiarized ourselves with the rules and regulations to the preparation of this submittal and that the forgoing information is true and complete to the best of our knowledge.

Owner (*Signature*): \_\_\_\_\_ Date: \_\_\_\_\_

Representative (*Signature*): \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date Filed: \_\_\_\_\_ Pre-Application Meeting Date: \_\_\_\_\_

Application Complete:  Yes  No Reviewed By: \_\_\_\_\_