



## APPLICATION FOR APPEAL

Please **PRINT OR TYPE** all information. Pursuant to MPWMD Rule 70, applications must be received by the District within twenty-one (21) days after an appealable decision has been made. To be considered for an appeal hearing, please submit a completed application and include a non-refundable processing fee of \$1250.00. Applications may be submitted online to [conserve@mpwmd.net](mailto:conserve@mpwmd.net) and payment may be made by credit card by contacting staff at 831-658-5601. The Board will support or deny your appeal based on the pertinent information you have provided. Submission of an incomplete application may constitute grounds for denial of your request.

### APPLICANT INFORMATION

Applicant's Full Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

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

Phone Number(s): Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Agent(s) to Represent Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number(s): Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

---

---

### PROPERTY INFORMATION

1. Full Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number(s): Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

2. Property Address: \_\_\_\_\_

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

3. Assessor's Parcel Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Property Area: Acres: \_\_\_\_\_ Square Feet: \_\_\_\_\_ Other: \_\_\_\_\_

5. Past Land Use: \_\_\_\_\_

6. Present Land Use: \_\_\_\_\_

7. Proposed Land Use: \_\_\_\_\_

Existing buildings? Yes \_\_\_\_\_ No \_\_\_\_\_

Types of uses and square footage: \_\_\_\_\_

## STATEMENT OF APPEAL REQUEST

*\*If additional space is needed for response to any question, please continue on a separate piece of paper and attach it to the back of this application.*

1. From which rule(s) or staff's decision(s) are you requesting an appeal?
  
2. Do you feel the rule or staff's decision is applicable in most cases, or do you believe it should be revoked or changed?
  
3. What were the circumstances surrounding your decision to appeal?
  
4. Please state the special circumstances that distinguish your application from all others which are subject to enforcement of this process.
  
5. What difficulties or hardships would result if your appeal request is denied?
  
6. What specific action are you requesting that the Board take?
  
7. Please indicate if you intend to make a statement at the appeal hearing, and list the names of any other individuals who may speak on your behalf.

**APPLICATION FOR APPEAL**

**EXHIBIT 2**

**PROJECT INFORMATION**

*\*If additional space is needed for response to any questions, please continue on a separate piece of paper and attach it to the back of this application.*

1. Type of Project: \_\_\_\_\_ New Construction \_\_\_\_\_ Remodel/Addition
2. Proposed New Use: (Please refer to the District's current Fixture Unit/Use Category sheet for assistance with this question.)

Residential: No. Dwellings \_\_\_\_\_ Total No. Fixture Units (Residential Only) \_\_\_\_\_

Commercial/Industrial/Governmental: Type of Use: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

3. Current Zoning Classification:
4. Name of the water company which services the property:
5. Please provide any other information regarding your appeal that you would like the Board to consider:

\*\*\*\*\*

I declare under penalty of perjury that the information in the application and on accompanying attachments is correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Date/Location

***NOTE TO APPLICANT: You may attach written findings for the Board to review and consider in support of the action you have requested.***

U:\demand\Work\Forms\Applications\Application for Appeal Revised 20250701.docx