



City of Clayton

10 North Bemiston Avenue
Clayton, Missouri 63105
(314) 290-8453 FAX (314) 863-0296

APPEAL TO THE BOARD OF ALDERMEN OF AN ARCHITECTURAL REVIEW BOARD AND/OR PLAN COMMISSION DECISION

Pursuant to Sections 400.230 & 405.1090 “Appeals”, an aggrieved party may, within fifteen (15) days of the decision for which redress is sought, file with the Board of Aldermen a written request for reconsideration and appeal of any decision of the Architectural Review Board (ARB) and/or Plan Commission. The written request must set forth in a concise manner the decision being appealed and all grounds known to the appellant as to wherein and why the decision is allegedly in error. The request for reconsideration and appeal must be filed with the City Clerk within the time specified above. A copy of the request and any supporting documents or materials filed by aggrieved party must be served by the aggrieved party on the applicant (if different than the aggrieved party) by certified U.S. mail, return receipt requested, within three (3) days of filing with the City Clerk. Proof of service on the applicant must be filed with the City Clerk within six (6) days of filing of the request. The Board of Aldermen may consider the appeal on the record of the prior decision by the Architectural Review Board or may, at its sole discretion, receive additional evidence in such manner as it deems appropriate in light of the circumstances.

- **\$135 (includes \$35 non-refundable processing fee) must accompany this application**
- **Separate letter addressed to the Mayor & Board of Aldermen requesting appeal must accompany this application**
- **Fourteen (14) plan sets must accompany this application (if applicable)**

Please type or print

Address of project being appealed: _____

Description of project: _____

Date of Plan Commission/ARB approval(s): _____

Specific approval(s) being appealed: _____

AGGRIEVED PARTY

Applicant's name: _____

Complete address: _____

Phone Number/E-Mail: _____

Interest in Property: _____

Name of Applicant's Agent - if different than above: _____

Complete address: _____

Phone Number/E-Mail: _____

Name of Owner(s) whose property is the subject of this appeal - if different than above:

Complete address: _____

Phone Number/E-Mail: _____

DESCRIPTION OF APPEAL

Describe appeal and include Section of applicable Land Use Code governing such appeal:

Property address & project description that is the subject of appeal (if applicable):

Date Plan Commission/Architectural Review Board rendered decision: _____

FULL LEGAL NAME IS REQUIRED

Applicant Name (Printed): _____

Signature of Applicant (Required): _____

Date application filed with City: _____

Date owner was notified of appeal (attach proof): _____

Interest in Property (i.e .owner, neighbor, attorney, etc.): _____

This request will be placed on the next available Board of Aldermen meeting date. Please confer with City staff for exact date. Meeting dates can be found on the City's web-site (www.claytonmo.gov)