

Planning & Development Services

Boise City Hall, 2nd Floor 150 N. Capitol Boulevard

P. O. Box 500

Boise, Idaho 83701-0500

Phone: 208/384-3830 Fax: 208/384-3753 TDD/TTY: 800/377-3529

Website: www.cityofboise.org/pds

Application for Appe	Fee: \$ <u>174</u>
I (we)YMCA-TREASURE VALLEY	, hereby appeal the decision of the Boise City:
☐ Planning & Zoning Commission	☐ Hearing Examiner ☐ Design Review Committee
M Historic Preservation Commission	□ Planning Director
File Number: DRH08-00067	Address: 1102 WEST HAYS STREET
Specific Action Being Appealed: The decision of the Boise City Historic Preser of a Certificate of Appropriateness (DRH08-00)	vation Commission to ratify an appeal regarding issuance 0067).
Grounds for Appeal	
1. The current condition of 1102 West Hays fa	ills to meet BCC section 2-18-11.03 standards.
 Motion and Approval by the Historic Preservation the referenced parcel. Application is not for 	vation Commission was to deny a change of use on a zoning change of use.
4.	
Appeal Contact Person: YMCA-TREASURE	E VALLEY / DAVID DURO
Address: 1050 W. STATE ST	
Home Phone:	Work Phone: 344-5502
 Appeals □ Appeal of an Administrative Decision to the Planning □ Appeal of a Design Review Committee Decision □ Appeal of a Planning & Zoning or Historic Presen □ Appeal of a Hearing Examiner decision to City C 	rvation Commission decision to City Council.*
* Portion of fee is refundable if appeal is successful.	DEVELOPMEN
Notes 1. If the reasons for the appeal are resolved prior to the second prior to the	DEVELOPMENT SERVICES the appeal hearing, please contact the Planning Staff at 384-3830.
The only topics which may be discussed during application.	the appeal hearing are the specific reasons for the appeal as stated in the
 Neighborhood groups are encouraged to elect a sproject to avoid a duplication of testimony. 	spokesperson for appeals that are supported by numerous residents of the
 Section 11-3-7.2 of the Zoning Ordinance provide Council. 	es that an appeal to Council may not be withdrawn without the consent o
Signature of Appellant/Representative: <u>////8</u>	Wester Shuft Date: 28 MAYOR
For Staff Use Only:	<u> </u>
	nust be contacted immediately following the acceptance of this appeal.
Applicant contacted on by	Appeal is by applicant