## Historic Preservation Appeal Period Waiver



l,	Name	, received	preliminary approva	ii from the Historic Preservation	ı Stan
on	for DRH _	Project Number	, located at	Property Address	·
The approval	<b>was for</b> (Project D	escription):			
•	aiver of the ten (10 Iding permit imme		od for the project lis	ted above. If the waiver is gra	inted,
Applicant Signat	ure			Date	

A copy of the approval with conditions imposed by staff is available upon request. Boise City Code 11-03-07 states that a building permit cannot be issued priot to the 10 day appeal. This allows anyone to appeal Staff's decision to the Historic Preservation Commission. However, Boise City Code 2-18-10 (D) (2) states:

## **Appeal of Staff Level Decisions**

A decision of the Planning Director may be appealed to the Commission within ten (10) calendar days from the date the notice is mailed in accordance with Title 11, Chapter 3, Boise City Code. The applicant may request a waiver of the ten (10) day appeal period for staff level approvals if the request is made in writing

and accompanied by the signatures of all adjacent property owners and residents and a representative of the registered neighborhood association indicating that they do not object to the waiver request. The Planning Director shall review all pertinent information and issue a decision on the request.

**Note:** If you are planning to appeal or would like a few days to think about it, then do not sign this waiver.

 The signatures of all adjacent property owners and residents and a representative of the registered neighborhood association, indicating they do not object to the waiver request, are attached on the next page.





## **Required Signatures**

Below are the signatures of all adjacent property owners/residents and a representative of the registered neighborhood association, indicating they do not object to the waiver request.

- We, the undersigned, do not object to this waiver request.
- We sign this waiver freely and were not in any way coerced into signing it.
- By signing this waiver we have had adequate time to review the approval and have made a determination that we do not want to appeal.

Neighborhood Association:		
Representative:	Signature:	
Address:	Date:	
Name (print):	Name (print):	
Signature:	Signature:	
Address:	Address:	
Date:	Date:	
Name (print):	Name (print):	
Signature:	Signature:	
Address:	Address:	
Date:		
Name (print):	Name (print):	
Signature:	Signature:	
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Name (print):	Name (print):	
Signature:	Signature:	
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Date:		