



# Administrative Decision Appeal

Hubbard County Environmental Services  
301 Court Ave., Park Rapids, MN 56470  
Phone: 218.732.3890  
www.co.hubbard.mn.us/environmental.htm

**Form must be legible and completed in ink.**

**Applicant Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**The Applicant is appealing the following administrative decision concerning Ordinance No. \_\_\_\_\_ titled “ \_\_\_\_\_”, Section(s) \_\_\_\_\_:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The date of the administrative decision is:** \_\_\_\_\_

**The grounds for requesting the appeal are as follows:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby swear and affirm that the information supplied to the Hubbard County Environmental Services Department is accurate and true. I acknowledge that this application is rendered invalid and void should the County determine that information supplied by me, the applicant, in applying for this appeal, is inaccurate or untrue.

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

\_\_\_\_\_  
Date

**Office Use Only:**

**Date received by Env. Services:** \_\_\_\_\_ **Rec'd by:** \_\_\_\_\_ **Receipt # :** \_\_\_\_\_ **App. # :** \_\_\_\_\_

**Date heard by Board of Adjustment:** \_\_\_\_\_

**Board of Adjustment Action:** \_\_\_\_\_  
\_\_\_\_\_