Goodhue County
Land Use Management

Appeal Form

Property Owner Information	
Owner(s) Name	
Mailing Address	
Phone Number	
Applicant Information (if different than above)	
Applicant Name	
Mailing Address	
Phone Number	
Appeal Information	
Cite the decision you are appealing and section of the ordinance	
Permit Number (if applicable)	

Signature:	Date:

Administrative Section		
Filing Fee:	Date Paid:	Receipt Number:
Accepted By:		Date:
Decision Summary:		
Staff Signature		Date: