



Community Development Department Planning Division

APPEAL FORM

1. Project Information.

Address/location _____
Project Name/Number _____
Project Sponsor/Applicant _____

2. Type of Appeal.

 Indicate which type of decision you are appealing.

- Zoning Administrator
- Community Development Director
- Historic Preservation Review Commission
- Planning Commission

Hearing/Decision Date _____
Decision Rendered _____

3. Reason(s) for Appeal.

 State the reasons for the appeal, and the grounds on which the reasons are based. See separate "Appeal Information" handout. Please use a separate sheet of paper if necessary.

4. Appellant Information.

Name _____ Organization _____
Mailing address _____
Phone _____ Phone (2) _____
E-mail _____ Fax _____

5. Signature.

Appellant _____ Date _____

For Staff Use:		Appl. # _____	Date Filed _____
Date Entered _____	Entered By _____	Receipt # _____	Total Fees Paid \$ _____