

PLANNING DIVISION APPEAL FORM

Note: An appeal must be filed within 15 days of the action for which a review is sought.

Application type being appealed (*next to the fee is deposit based only):

Application Type Accessory Dwelling Unit Administrative Adjustment Conditional Use Permit (Residential) Conditional Use Permit (Commercial) Design Review (Residential) Design Review (Commercial) City Councilmember		 □ Sign Request □ Tentative Parcel Map □ Tentative Tract Map □ Variance □ Zone Change □ Other □ Other 	determine fee r city costs for time spent
preparing staff reports, provide assistan present the project; and conduct field inve			City Council Meeting(s) to
APPELLANT: Name:			
Address:			
Telephone:			
APPEALING THE DECISION OF TAKEN ON:(date) ACTION BEING APPEALED: (Ca		•	TO THE ACTION
REASONS FOR APPEAL: (Why	are you appealir	ng the decision? Please provi	ide detailed reasons.)

Date	Signature of Appellant		
FOR OFFICE USE ONLY			
Please forward the application to the City Clerk's Department.			
Date Appeal filed:	Fee received:		
	hall be scheduled for a public hearing before the City Council at the next both applicant and appellant or reviewing body consent to a later date		
cc: Appellant Community Developme File	nt Dept. (furnish one set of mailing labels for mailing)		