

APPEAL APPLICATION

<u>ALL</u> sections of this form must be completed and delivered to the Planning Division at City Hall within fifteen (15) days after the action in order for this Appeal to be accepted.

| l, | , hereby appeal the decision of the |
|---|-------------------------------------|
| | taken on (date) |
| regarding: | , , , |
| Project Application No: | |
| Applicant: | |
| Location/or Address: | |
| Specific Statement of the Relief Requested. (i. project to require, modify Planning and/or Engin Attach additional sheets as needed. | |
| | |
| Basis for the Appeal. Chapter 9.15 requires an application for Appeal to be accompanied by a written statement of the basis upon which the Appeal is filed. Attach additional sheets as needed. | |
| Signature: | |
| Print Name: | Telephone: |
| Address: | |
| E-Mail Address: | |
| STAFF USE ONLY: | |
| Appeal Application No.: | Receipt No.: |
| Intake Planner: | Date: |

phone: (925) 960-4450 fax: (925) 960-4459 TDD: (925) 960-4104