



REQUEST FOR APPEAL

APPLICATION INFORMATION

Project Address: _____
Case Type (MCUP, TTM, etc.) and Number: _____
Hearing Date: _____ Appeal Deadline: _____

APPELLANT INFORMATION

APPELLANT: _____ Telephone: [] _____
Address: _____ Fax: [] _____
City: _____ State: _____ Zip: _____ Email: _____

APPLICANT (IF DIFFERENT): _____

I hereby appeal the decision of the:

- | | |
|--|---|
| <input type="checkbox"/> Hearing Officer | <input type="checkbox"/> Zoning Administrator |
| <input type="checkbox"/> Design Commission | <input type="checkbox"/> Director of Planning and Development |
| <input type="checkbox"/> Historic Preservation | <input type="checkbox"/> Film Liaison |

REASON FOR APPEAL

The decision maker failed to comply with the provisions of the Zoning Code, General Plan or other applicable plans in the following manner (use additional sheets if necessary):

Signature of Appellant

Date

* OFFICE USE ONLY

PLN # _____ **CASE #** _____ **PRJ #** _____
DESCRIPTION _____
DATE APPEAL RECEIVED: _____ APPEAL FEES: \$ _____ RECEIVED BY: _____