Application for Appeal

Planning and Building Department
County Government Center ▪ 455 County Center, 2nd Floor
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❑ **To the Planning Commission**

❑ **To the Board of Supervisors**

1. Appellant Information

Name: _____

_____

Phone, W: _____ H: _____

Address: _____

_____

Zip: _____

2. Appeal Information

Permit Numbers involved: _____

_____

_____

I hereby appeal the decision of the:

- ❑ Staff or Planning Director
- ❑ Zoning Hearing Officer
- ❑ Design Review Committee
- ❑ Planning Commission

made on _____ 20_____, to approve/deny the above-listed permit applications.

I have read and understood the attached information regarding appeal process and alternatives.

❑ yes ❑ no

Appellant's Signature: _____

Date: _____

3. Basis for Appeal

Planning staff will prepare a report based on your appeal. In order to facilitate this, your precise objections are needed. For example: Do you wish the decision reversed? If so, why? Do you object to certain conditions of approval? If so, then which conditions and why?

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