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APPEAL FORM

DEC 02 2024

CITY OF SANTA ROSA
CITY CLERK'S OFFICE

Date Received: 12-2-24

Fee: 804 -

City Clerk's Office/Rec'd by: _____

Name of Appellant: John Paulsen

TO THE HONORABLE MAYOR AND MEMBERS OF THE CITY COUNCIL:

The above named appellant does hereby appeal to your Honorable Body the following:

The decision of the: (List Board/Commission/Dept.) ZONING

Decision date: 11-21-24

Decision: (approval, denial, other) approval

Name of Applicant/Owner/Developer: MidPen

Type of application: (Rezoning, Tentative Map, etc.) Rezoning

Street address of subject property: 665 Sebastopol Road

The grounds upon which this appeal is filed are: (List all grounds relied upon in making this appeal. Attach additional sheets if more space is needed.)

1. Project is on land that has a recorded parking and circulation easement encumbering it. No Building(s) or structure can be built
2. ON land that has a recorded Parking easement on it. And or circulation easement.

The specific action which the undersigned wants the City Council to take is: (Attach additional sheets if more space is needed.)

Denial of Project

Appeals shall be submitted in writing.....on a City application form within 10 calendar days after the date of the decision. The time limit will extend to the following business day where the last of the specified number of days falls on a day that the City is not open for business.

Applicant's Signature: John Paulsen

Date: 12-2-24

Applicant's Name (type or print): John Paulsen

Address: 310 Twin Oaks Way Healdsburg

Daytime Phone Number: 707 974 7304

Home Phone Number: _____