

## **APPLICATION**

## **APPEAL**

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www.srcity.org LOCATION OF PROJECT (ADDRESS) Note: This form is for appeals of Department actions only. Appeals of Commission and Board actions are NAME OF PROJECT filed in the City Manager's Office. E APPELLANT NAME DAYTIME PHONE HOME PHONE 707 9 R JOHN APPELLANT ADDRESS ZIP To the Chairman and Members of the Planning Commission / Design Review Board: The undersigned: does hereby appeal to the Planning Commission / (Please print or type your name) Design Review Board the decision of the Department of Community Development made on  $ec{oldsymbol{ec{J}}}$ which approved the application of (Name of property owner or developer) (State nature of request made to the Community Development Department) on property situated at (Street address of subject property) A. The grounds upon which this appeal is filed are: (list all grounds relied upon in making this appeal. Please attach additional sheets if more space is needed.) E A 2. The specific action which the undersigned wants the City Planning Commission / Design Review Board to take is: Appellant's signature **APPLICATION RECEIVED BY** DATE FEE RECEIVED RECEIPT NUMBER