

REQUEST FOR APPEAL

APPLICATION INFORMATION			
Project Address:			
Case Type (MCUP, TTM, etc.) and Nur	nber:		
Hearing Date:		-	Appeal Deadline:
APPELLANT INFORMATION			
APPELLANT:			
Address:			Fax: []
City:	State:	Zip:	Email:
APPLICANT (IF DIFFERENT):			
I hereby appeal the decision of the:			
☐ Hearing Officer			Zoning Administrator
Design Commission			Director of Planning and Development
☐ Historic Preservation			Film Liaison
following manner (use additional sheets			E Zoning Code, General Plan or other applicable plans in the
* OFFICE USE ONLY			
PLN #			PRJ #
DATE APPEAL RECEIVED:		EES: \$	RECEIVED BY:

APP-RFA Rev: 1/18/07