



TRINITY COUNTY
COMMUNITY DEVELOPMENT SERVICES
PLANNING & CANNABIS, 530 MAIN ST., PO BOX 2819
WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1351, FAX (530) 623-1353

**APPLICATION TO APPEAL OF DIRECTOR'S DECISION
TO PLANNING COMMISSION**

DATE: _____

APPEAL FEE: \$500- due upon filing

Project # or CCL # or CCV # of application decision being appealed: _____

Date of Director's decision or action: _____

Director's decision was: Approve Deny

A. APPLICANT/APELLANT INFORMATION *The following information will be used to contact you regarding the status of your appeal (e.g. hearing dates) and is considered public record.*

NAME: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____

B. REASON FOR APPEAL *Clearly state the basis for the appeal and include/attach any supporting evidence if applicable.*

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date: _____

Project number: _____

Received by: _____

Receipt number: _____

Notice Published: _____

Hearing Date: _____