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/APPELLANT 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: __________________________