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: ____________________

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

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