



APPEAL FORM

For Appeal of Planning Commission Action to the City Council

1. Permit Number: _____
2. Name of Project: _____
3. Action Taken by the Planning Commission: Approved Denied Amended Revoked
4. Date of Planning Commission Action: _____

5. Filer Appeals:

A. The following conditions of approval:

B. The following specific findings or determinations made by the Planning Commission:

6. **Please state why you feel the above action(s) or determinations(s) are wrong. Please outline the facts you believe support your position.** If you need more space, please attach a separate piece of paper.

NOTE: GROUNDS FOR APPEAL NOT SET FORTH ABOVE MAY NOT BE HEARD BY THE CITY COUNCIL

Appellant's Name: _____ Signature: _____

Address:

Street Number and Name/P.O. Box

City/State

Zip

Phone Number: _____

E-Mail: _____