APPEAL FORM

For Appeal to the Planning Commission of Development Services Director Action
Pursuant to Section 17.92.050 of the City Municipal Code

1. Permit Number: _____

2. Name of Project: _____

3. Action Taken by the Development Services Director:

   ☐ Approved ☐ Denied ☐ Amended ☐ Revoked

4. Date of Development Services Director Action: _____

5. Filer Appeals:

   A. The following conditions of approval:

   _____

   _____

   _____

   B. The following specific findings or determinations made by the Development Services Director:

   _____

   _____

   _____

6. **<u>Please state why you feel the above action(s) or determinations(s) are wrong. Please outline the facts you believe support your position.</u>**
   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 PLANNING COMMISSION

Appellant's Name: _____ Signature: _____

Address:

_____
Street Number and Name/P.O. Box City/State Zip

Phone Number: _____ E-Mail: _____