

City of Sebastopol APPEAL FORM

	Date:
	* Filing Fee Paid:
	File #:
To: (check one):	
[]	PLANNING COMMISSION (limited to the appeal of staff determination not involving design matters or
	Planning Director Use Permit decision)
r 1	DESIGN REVIEW BOARD (limited to the appeal of staff determination on design matters)
	TREE BOARD (limited to the appeal of staff determination on tree removals)
L J	CITY COUNCIL (all other appeals)
FROM:	
	(Please print your name)
SUBJECT:	
I wish to appeal t	he action of: (check one):
[]	CITY STAFF (please give name or title)
i i	PLANNING DIRECTOR PUBLIC HEARING
	TREE BOARD
	DESIGN REVIEW BOARD
L J	PLANNING COMMISSION
Taken or made o	n with regards to (Date of action or decision) (Name of use, applicant, project or other description of item you are appealing)
I ask that the dec (Check one):	ision or determination made above be reversed and/or modified, and that the original application be: [] granted [] denied [] modified
The reason(s) tha [] are attached.	at my appeal should be granted by the Board, Commission, or Council named above [] are set forth below: or,
Lunderstand that	there is a filing fee for appeal, whether the appeal is from a Staff Determination, Design Review Board
Decision, or Plan must be submitte	d within 7 calendar days from the day of the original staff determination, or of the Board/Commission action. decision is not included in the calculation of 7 days.)*
	ed by mail of the date of the Board, Commission or City Council hearing on review of your appeal. All interested ntitled to attend the meeting and be heard.

Your Signature

Print Name

Your Mailing Address

Your Phone Number Your Email Address

* If a staff determination was mailed to you, and a public meeting has not been held, the appeal must be submitted within seven (7) days of the mailing of the letter.