

City of Sebastopol APPEAL FORM

			* Filing Fee Paid: File #:	
Fo: (check one): [] [] []	PLANNING COMMISSION (limited to the Planning Director Use Permit decision) DESIGN REVIEW BOARD (limited to the TREE BOARD (limited to the appeal of CITY COUNCIL (all other appeals)	he appeal of staff determination	on design matters)	ers or
FROM: SUBJECT:	(Please print your name)			
wish to appeal t [the action of: (check one): CITY STAFF (please give name or title PLANNING DIRECTOR PUBLIC HEAF TREE BOARD DESIGN REVIEW BOARD PLANNING COMMISSION			
Γaken or made o	on with regards to	(Name of use, applicant, project or other	description of item you are appealing	 g)
ask that the dec Check one):	cision or determination made above be rolling [] granted [] denied [eversed and/or modified, and th] modified	at the original application I	oe:
The reason(s) that I are attached.	at my appeal should be granted by the E	Board, Commission, or Council r	named above [] are set fo	orth below: or,
Decision, or Plan must be submitte The date of the C	there is a filing fee for appeal, whether aning Commission Decision, and that the ed within 7 calendar days from the day of decision is not included in the calculation and by mail of the date of the Board, Comnitted to attend the meeting and be hear	e fee must be paid on the date the fithe original staff determination on 6 7 days.)* Immission or City Council hearing	nat the appeal is submitted , or of the Board/Commiss	l. Appeals ion action.
		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.