

Appeal Decision Zoning Administrator

Date: _____

To the Planning Director:

I do hereby make application to appeal the decision of the Zoning Administrator on
_____, for project number Z _____.
(hearing date)

_____ Granted by the Zoning Administrator

_____ Denied by the Zoning Administrator

Property Location: _____

Grounds For Appeal: (explain in detail, you may attach additional pages)

Appellant: _____ Daytime Phone: (____) _____
(please print)

Address: _____

Appellant's Signature: _____

Please note that once this application is submitted to the City of Sacramento, your information may be subject to public record.
However, please note that the City will not sell your data or information for any purposes.

THIS BOX FOR OFFICE USE ONLY

Filing Fee Received: Applicant (\$4,000) _____ Or Third Party (\$298) _____

Received By: _____ Date: _____

Distribute Copies to: Planning Director _____

Zoning Administrator _____ Project Planner (original) _____