



Community Development Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 264-5011

www.cityofsacramento.org/dsd



Appeal Decision Zoning Administrator

Date: _____

To the Planning Director:

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

_____	Special Permit	for	_____
_____	Variance	for	_____
_____	Parcel Merger	for	_____
_____	Lot Line Adjustment	for	_____
_____	Other _____	for	_____

_____ 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 (\$1000) _____ Or Third Party (\$500) _____

Received By: _____ Date: _____

Distribute Copies to: Planning Director _____

Zoning Administrator _____ Original & Receipt in File _____