



## Design Review Staff Level Reconsideration Form

Any person dissatisfied with staff action has the right to request reconsideration by the Design Director. Requests for reconsideration must be received within ten (10) calendar days of the staff action.

Contact Name: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Application Number: DR \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_

Project Location: \_\_\_\_\_

Project Applicant's Name: \_\_\_\_\_

Project Owner's Name: \_\_\_\_\_

Summarize the reasons why you would like the Design Director to reconsider the Staff Action on this project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submit this form to Design Review Staff at 300 Richards Blvd. 3<sup>rd</sup> Floor, Sacramento, CA 95811 no more than ten (10) calendar days from the date of the Staff Action. If you have any questions please contact the assigned Design Review staff member.

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

### THIS BOX FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Distribute Copies to: Planning Director \_\_\_\_\_ Urban Design Manager \_\_\_\_\_ Design Director \_\_\_\_\_

Design Commission Clerical Support Staff \_\_\_\_\_ Original & Receipt in File \_\_\_\_\_