



Development Services Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 808-5656

www.cityofsacramento.org/dsd



Appeal Decision City of Sacramento Planning Director

Date: _____

To the Planning Commission:

I do hereby make application to appeal the decision of the City Planning Director on
_____ (approval date), for project number P _____
_____ (date)

_____ Plan Review _____ for _____
_____ Other _____ for _____

_____ Granted by the City Planning Director
_____ Denied by the City Planning Director

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 (\$179) _____ Or Third Party (\$179) _____

Received By: _____ Date: _____

Distribute Copies to: Planning Director _____ Zoning Administrator _____

Planning Commission Clerical Support Staff _____ Original & Receipt in File _____