



# City of Sebastopol APPEAL FORM

Date: \_\_\_\_\_

\* Filing Fee Paid: \_\_\_\_\_

File #: \_\_\_\_\_

To: (check one):

- PLANNING COMMISSION (limited to the appeal of staff determination not involving design matters)
- DESIGN REVIEW BOARD (limited to the appeal of staff determination on design matters)
- CITY COUNCIL (all other appeals)

FROM:

\_\_\_\_\_  
(Please print your name)

SUBJECT:

I wish to appeal the action of: (check one):

- CITY STAFF (please give name or title) \_\_\_\_\_
- DESIGN REVIEW BOARD
- PLANNING COMMISSION

Taken or made on \_\_\_\_\_ with regards to \_\_\_\_\_  
(Date of action or decision) (Name of use, applicant, project or other description of item you are appealing)

I ask that the decision or determination made above be reversed and/or modified, and that the original application be:  
(Check one):  granted  denied  modified

The reason(s) that my appeal should be granted by the Board, Commission, or Council named above  are set forth below: or,  are attached.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that there is a filing fee for appeal, whether the appeal is from a Staff Determination, Design Review Board Decision, or Planning Commission Decision, and that the fee must be paid on the date that the appeal is submitted. Most appeals must be submitted within 5 days\* from the day of the original staff determination, or of the Board/Commission action. \*\*

You will be notified by mail of the date of the City Council hearing on review of your appeal. All interested persons will be entitled to attend the meeting and be heard.

\_\_\_\_\_  
Your Signature Print Name

\_\_\_\_\_  
Your Mailing Address

\_\_\_\_\_  
Your Phone Number Your Email Address

\*For purposes of this requirement, 'days' do not include Saturdays, Sundays, or holidays.

\*\* If a staff determination was mailed to you, and a public meeting has not been held, then for most types of permit actions, the appeal must be submitted within five (5) days of the mailing of the letter.