



APPLICATION
APPEAL
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G E N E R A L	LOCATION OF PROJECT (ADDRESS)	Note: This form is for appeals of Department actions only. Appeals of Commission and Board actions are filed in the City Manager's Office.	
	NAME OF PROJECT		
	APPELLANT NAME	DAYTIME PHONE () -	HOME PHONE () -
	APPELLANT ADDRESS	CITY	STATE

A P P E A L	To the Chairman and Members of the Planning Commission / Design Review Board:		
	The undersigned: _____ does hereby appeal to the Planning Commission / (Please print or type your name)		
	Design Review Board the decision of the Department of Community Development made on _____ (Date)		
	which _____ the application of _____ (approved, denied, other) (Name of property owner or developer)		
	for a _____ (State nature of request made to the Community Development Department)		
	on property situated at _____ (Street address of subject property)		
	A. The grounds upon which this appeal is filed are: (list all grounds relied upon in making this appeal. Please attach additional sheets if more space is needed.)		
	1. _____ _____ _____		
	2. _____ _____ _____		
	B. The specific action which the undersigned wants the City Planning Commission / Design Review Board to take is: _____ _____ _____		
Appellant's signature _____		Date _____	

D E P T	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED \$	RECEIPT NUMBER