

Help Line: (916) 264-5011 planning@cityofsacramento.org

Appeal Decision City of Sacramento Preservation Commission

		Date:
To the Planning Director:		
I do hereby make applica on	tion to appeal the de _, for project numbe	ecision of the City Planning and Design Commission er PB
	Grante	ted by the City Planning Commission
	Denie	ed by the City Planning Commission
Property Location:		
Grounds For Appeal: (exp	blain in detail, you m	nay attach additional pages)
Address [.]	please print)	Daytime Phone: ()
Appellant's Signature:		
		e City of Sacramento, your information may be subject to public record. ill not sell your data or information for any purposes.
	THIS BOX FO	DR OFFICE USE ONLY
Filing Fee Received: App	licant (\$5,571)	Or Third Party (\$415)
Received By:		Date:
Distribute Copies to: Plan	ning Director	
Urban Design Manager		Project Planner (original)

Submit the Appeal Form by email to <u>planning@cityofsacramento.org</u>. OR to 300 Richards Blvd, 3rd Floor, Community Development Department Public Counter Tuesday through Thursday, between 9AM to 4 PM. Fees must be paid within the 10-day appeal period. An appeal may not be accepted unless it is timely filed and applicable fees paid.

