

## Appeal Decision Zoning Administrator

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

To the Planning Director:

I do hereby make application to appeal the decision of the Zoning Administrator on  
\_\_\_\_\_, for project number Z \_\_\_\_\_  
(hearing date)

\_\_\_\_\_ Granted by the Zoning Administrator

\_\_\_\_\_ Denied by the Zoning Administrator

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 (\$4,000) \_\_\_\_\_ Or Third Party (\$298) \_\_\_\_\_

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

Distribute Copies to: Planning Director \_\_\_\_\_

Zoning Administrator \_\_\_\_\_ Project Planner (original) \_\_\_\_\_

Submit the Appeal Form by email to [planning@cityofsacramento.org](mailto:planning@cityofsacramento.org). A fee invoice will be emailed and must be paid within the 10-day appeal period. An appeal may not be accepted unless it is timely filed and applicable fees paid.