



**APPLICATION TO APPEAL DECISION OF THE ZONING ADMINISTRATOR
TO THE PLANNING COMMISSION**

Note: An appeal must be filed within 15 days of the action for which a review is sought.

Filing Fees: \$500.00 (\$108 per hour)

Fee waived if appealed by a City Councilmember.

APPELLANT: Name: _____

Address: _____

Telephone: _____

**APPEALING THE DECISION OF THE PLANNING COMMISSION RELATIVE TO THE ACTION TAKEN
ON:** _____
(date)

ACTION BEING APPEALED: (Case No., Property Location)

REASONS FOR APPEAL: (Why are you appealing the decision? Please provide detailed reasons.)

Signature of Appellant Date _____

FOR OFFICE USE ONLY

Please forward the application to the City Clerk's Department.

Date Appeal filed: _____

Fee received: _____

Hearing Date. An appeal shall be scheduled for a public hearing before the Planning Commission at the next available meeting unless both applicant and appellant or reviewing body consent to a later date (YLMC Sec. 18.36.820)

cc: Appellant
Community Development Dept. (furnish one set of mailing labels for mailing)
File