

**For City Use Only**

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

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

Fee Paid - 25% of original permit fee or approved application with minimum of \$136 (Res. 1198.63)

**CITY OF SCOTTS VALLEY**

**APPEAL APPLICATION**

**(To be filed with City Clerk)**

NAME OF APPELLANT: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Email) \_\_\_\_\_

NAME OF PROJECT APPLICANT: \_\_\_\_\_

Project File Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DECISION BEING APPEALED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BASIS FOR THE APPEAL (attach available correspondence): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* \_\_\_\_\_

Appellant's Signature

\* Please do not sign this application until it is presented at the City offices. If you wish specific people to be notified of this appeal, please list them on a separate sheet.

**THIS APPLICATION AND THE FILING FEE MUST BE SUBMITTED WITHIN  
FOURTEEN (14) CALENDAR DAYS AFTER THE DATE OF THE DECISION**