

For City Use Only

Date Received: _____

Hearing Date: _____

Fee Paid - 25% of original permit fee or approved application with minimum of \$124 (Res. 1198.58)

CITY OF SCOTTS VALLEY

APPEAL APPLICATION

(To be filed with City Clerk)

NAME OF APPELLANT: _____

Address: _____

Telephone: (Home) _____ (Work) _____ (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**