

For City Use Only

Date Received: _____

Hearing Date: _____

Fee Paid - 25% of original permit fee or approved application with minimum of \$115 (Res. 1198.50)

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 MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS AFTER THE DATE OF THE POSTING OF THE MINUTES OF THE ACTION FROM WHICH THE APPEAL HAS BEEN TAKEN