APPEAL FILING FORM

(All appeals must be received by the City within 15 days of the decision or determination being appealed).

First and Last Name: ____________________________________________

Organization Name, if Any: ______________________________________

Contact Address: _________________________________________________
Contact Telephone Number: _________________________________________
Contact E-mail: ___________________________________________________

Please note: New Appeal Filing Fee Effective July 1, 2019

a. For any permit fee/deposit less than $4,500 Fee $667
b. For any permit/deposit $4,500 or more Fee $2,781

Non-refundable Appeal Filing Fee attached/paid to City of Redwood City.
(if multiple appeals filed each must submit a fee)
Check ☐ Cash ☐

Receipt provided to appellant:
Yes ☐ No ☐

Name of Subject or Matter Being Appealed:
____________________________________________________________________

Appeal of Decision of One of the Following:
☐ Zoning Administrator
☐ Community Development Director
☐ Planning Commission
☐ Other

Grounds for Appeal: (specify reasons for appeal)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

List of documents attached (all records and documents requested to be considered at the appeal hearing must be attached)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Signed: ___________________________ Dated: ________________