



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:** _____