



City of Waterford
312 E Street
Waterford, CA 95386

www.cityofwaterford.org

APPLICATION
APPEAL
 Please Type or Print
 FEE DEPOSIT \$150.00

File No.	
Approved	
Department Use Only	

GENERAL	LOCATION OF PROJECT (ADDRESS)	Note: This form is for appeals of Department actions only.		
	NAME OF PROJECT			
	APPELLANT NAME	DAYTIME PHONE	HOME PHONE	
	APPELLANT ADDRESS	CITY	STATE	ZIP

APPEAL	To the Chairman and Members of the Planning Commission / Design Review board:			
	The undersigned: _____ does hereby appeal to the Planning Commission <small>(Please print or type your name)</small>			
	The decision of the Design Review Committee made on _____ <small>(Date)</small>			
	which _____ the application of _____ <small>(approved, denied, other) (Name of property owner or developer)</small>			
	for a _____ <small>(State nature of request made to the Community Development Department)</small>			
	on property situated at _____ <small>(Street address of subject property)</small>			
	A. The grounds upon which this appeal is filed are: (list all grounds relied upon in making this appeal. Please attach additional sheets if more space is needed.)			
	1. _____ _____ _____			
	2. _____ _____ _____			
	B. The specific action which the undersigned wants the City Planning Commission / Design Review Board to take is: _____ _____ _____			
_____		_____		
Appellant's Signature		Date		

DEPT	APPLICATION	RECEIVED BY	DATE	FEE RECEIVED	RECEIPT NUMBER
				\$	