



DEPARTMENT OF RESOURCE MANAGEMENT

Planning Services Division

675 Texas Street, Suite 5500, Fairfield, CA 94533

Phone (707) 784-6765 Fax (707) 784-4805

www.solanocounty.com

APPEAL REQUEST INSTRUCTIONS

1. **GENERAL COMMENTS** - Any person or party aggrieved or affected by any determination of the Zoning Administrator or Planning Commission may file an appeal pursuant to Section 28-112 of the Solano County Code. The appeal must be in writing outlining the reasons of the appeal and filed within ten days of the decision to be appealed.

2. **APPEAL PROCESS**

Appeal Fee: \$150.00

- a. Submit a written statement (see form attached) outlining the reasons of the appeal of a **Zoning Administrator** decision to:

*The Solano County Planning Commission
675 Texas Street, Suite 5500
Fairfield, CA 94533
(707) 784-6765*

- b. Submit a written statement (see form attached) outlining the reasons of the appeal of a **Planning Commission** decision to:

*The Solano County Board of Supervisors
675 Texas Street, 6th Floor
Fairfield, CA 94533
(707) 784-6100*

3. **PUBLIC NOTICE** - One advertised public hearing is required for an appeal, at least fifteen days prior to the hearing, Resource Management will provide written notice by first class mail to the appellant, project applicant and owners of property located within 500 feet of the subject property (one-half mile if property is zoned A or RR district) and all persons/organizations requesting notice of public hearing, pursuant to Section 28.04 of the Solano County Code. Notice will also be published in a newspaper of general circulation. This public notice is to inform the public of their right to appear and be heard on the matter.

4. **PUBLIC HEARING** - The appellant or representative should be present at the public hearing. If appellant is unable to attend, a request for a continuance may be submitted in writing. During the hearing all interested persons will have the opportunity to speak in favor or in opposition to the appeal. Persons speaking will usually be asked their interest in the matter and other pertinent questions deemed necessary in making a determination.



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APPEAL REQUEST FORM

1. Name of Appellant: _____ Telephone: _____
Email address: _____
2. Mailing Address: _____ City: _____ State: ____ Zip: _____
3. Appealed to: Planning Commission, Board of Supervisors
4. Appeal Fee: \$150.00 _____ Receipt # _____
5. State the application name and reason(s) why the decision making body erred in its decision.
Attach additional sheets if necessary: