

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 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 Attach additional sheets if necessary:	the decision	making body	erred	in its	decision.
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App	pellants Signature: NNING\Planning Templates\Front Counter Application and Instruction Forms\COUNTER FORMS	- (O-R-I-G-I-N-A-I -S)\Regui	Date:	ation - Project	Anneal Form	doc(.lune 7 2010)