13777 Fruitvale Avenue
Saratoga, CA 95070

SARATOGA California

APPEAL APPLICATION

Appellant Name: _____

Address: _____

Telephone #: _____

Email address: _____

Decision being appealed: _____

Grounds for appeal (Letter may be attached): _____

_____

_____

_____

_____

_____

_____

_____

Appellant Signature: _____ Date: _____

☐	**To Planning Commission, City Code Section 15-90.010:**	See Fee Schedule for cost
☐	**From Planning Commission to City Council, City Code Sections 15-90.020 or 2-05.030:**	See Fee Schedule for cost
☐	**Heritage Preservation appeal:**	See Fee Schedule for cost
☐	**Other**	_____

Date Received: _____

Fee: _____