



CITY OF CORONADO
1825 Strand Way
Coronado, California 92118
(619) 522-7320

Date Stamp

Appeal Hearing Form

Appellant: _____

Appellant's Rep.: _____

Mailing Address: _____

Mailing Address: _____

Phone #: _____ Fax #: _____

Phone #: _____ Fax #: _____

Alt Phone #: _____

Alt Phone #: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

This Appeal is relative to the action taken by the: _____
Board, Commission, Committee, or Department

Date of Determination: _____
Mo/Day/Year

For the project known as:

Project Address:

For City Use:

☐	Appeal Fee Paid Per Fee Schedule	Receipt No.: _____	Acct: <u>108-5400</u>
☐	Application Complete & Legible	Associated City Dept: _____	
☐	Number of Copies of Materials Required	Associated Case No: _____	
Describe Supplemental Materials submitted: _____			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ONLY MATERIALS SUBMITTED BY THE DEADLINE WILL BE CONSIDERED AT THE HEARING