APPEAL APPLICATION FORM – APPEAL TO PLANNING COMMISSION

City Clerk's Office | 835 East 14th Street, San Leandro, CA 94577 | (510) 577-3367

General Info – Decisions of the Zoning Enforcement Official may be appealed to the Planning Commission.

Deadline to File – This appeal application must be submitted within fifteen (15) calendar days of the decision. If the appeal period ends on a weekend or holiday, the appeal period ends the next business day.

Fees – An appeal by the project applicant requires either a Planning Deposit (if the appeal is made by the project applicant) or a fixed Planning Fee (if the appeal is made by any other party). Planning fees also includes a tech fee. Appeals are also subject to a City Clerk Fee. Credit/Debit Card fees apply, if any fees are paid by credit/debit card.

How to Submit an Appeal Application –

1) **Pay the City Clerk Fee and the Planning Deposit/Fee at the Planning Counter in the Permit Center, at 835 E 14th St, 1st floor. Obtain a copy of both receipts.**
2) **Bring the following items to the City Clerk's Office, at 835 E 14th St, 2nd floor:**
   a) A copy of both receipts as proof that all fees have been paid.
   b) Signed and completed Appeal Application Form (front side).
   c) Signed and completed Agreement for Payment of Planning Fees (back side) (for appeals filed by the project applicant only).

OFFICIAL USE ONLY
DATE RECEIVED:
APPEAL RECEIVED BY:
CITY CLERK FEE RECEIPT NUMBER: *FY 2025-2026 City Clerk fee amount: $115*
PLANNING FEE RECEIPT NUMBER: ❑ **DEPOSIT** *(FY 2026-2027 amount: $6,078)* ❑ **FIXED FEE** *(FY 2026-2027 amount: $6,124)*
AGREEMENT FOR PAYMENT OF PLANNING FEES: ❑ **SIGNED** ❑ **NOT REQUIRED**
CC: ❑ **PLANNING** ❑ **CAO** ❑ **FINANCE**

I wish to appeal the decision of the Zoning Enforcement Official.

I am: ❑ **The Project Applicant (fill out back side too)** ❑ **A Resident** ❑ **A Business Owner** ❑ **Other:** _____.

The decision I am appealing was made on: _____, *(date decision was made)* **and the decision was to** ❑ **Approve** ❑ **Deny the project below:**

Project Number:

PLN ___ ___ — ___ ___ ___ ___

Project Address (or APN if address has not been issued):

_____

Reasons for Appeal

(List all grounds relied upon in making this appeal. Attach additional sheets if necessary.)

Print Full Name:

Mailing Address:

_____
Address

_____ _____ _____
City *State* *Zip*

Phone Number:

Email:

Signature of Appellant:

Date Signed:

AGREEMENT FOR PAYMENT OF PLANNING FEES

General Info

This Agreement is required to be filed with the Appeal Application if the appeal is made by the project applicant only. An appeal by the project applicant is charged as a direct cost and an initial deposit is required ("Planning Deposit"). A Tech Fee also applies and will be assessed at project closure. For questions about the Planning Deposit or the Tech Fee, please contact the Planning Division by phone at (510) 577-3350, by email planner@sanleandro.org, or at the Planning Counter in the Permit Center, at 835 East 14th Street, 1st Floor.

I am: ❑ **The Project Applicant** *(Please Note: Other appellants are not required to fill out this agreement.)*

The decision I am appealing was made on: _____, **and the decision was to** ❑ **Approve** ❑ **Deny the project below:**
(date decision was made)

Project Number:

PLN ____ ____ — ____ ____ ____ ____

Project Address (or APN if address has not been issued):

_____

AGREEMENT FOR PAYMENT OF PLANNING FEES:

I (We) hereby agree to pay all direct costs as listed in the City's adopted fee schedule for the review and processing of application(s) for the subject project, at such time as requested by the Community Development Director. Direct costs include, but are not limited to, hourly personnel charges plus a factor of 3.38 for benefits and administrative overhead; legal fees; communications in person, via telephone, or teleconference or written correspondence with the appellant, property owner, architect, engineer, etc.; analysis and preparation of staff reports and findings; and attendance at public hearings. If applicable, I (we) also hereby agree to pay all contract costs for preparation of an environmental document in compliance with the California Environmental Quality Act.

A deposit is required along with this form. Future payments are due and payable within 30 days. At the completion of the appeal process, any unused balance will be returned to the appellant. Interest will accrue on all costs unpaid 30 days after billing at the maximum legal rate and the City is entitled to recover its costs, including attorney's fees, in collecting unpaid accounts. Delinquent accounts may be sent to a collection agency.

Furthermore, I (we) hereby agree to hold the City harmless from all costs and expenses, including attorney's fees, incurred by the City or held to be the liability of the City in connection with the City's defense of its actions in any proceeding brought in any State or Federal Court challenging the City's actions with respect to my (our) project.

Print Full Name:

Mailing Address:

_____
Address

_____ _____ _____
City *State* *Zip*

Phone Number:

Email:

Signature of Appellant:

Date Signed: