



# APPEAL OF ADMINISTRATIVE OR PLANNING COMMISSION ACTION

A written appeal shall be filed with the Town Clerk within 10 calendar days after receipt of written notice of the administrative decision which is being appealed or within 10 calendar days after the Planning Commission decision. ([SAMC § 1-4.02](#))

**Town of San Anselmo**  
 525 San Anselmo Ave  
 San Anselmo, CA 94960  
[sananselmo.gov](http://sananselmo.gov)  
 Phone: (415) 258-4600  
 Fax: (415) 459-2477

| APPELLANT INFORMATION                                                                                                                                           |                                                                                                                                                                                                                           |       |                     |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------|-----------|--|
| First Name                                                                                                                                                      |                                                                                                                                                                                                                           |       |                     | Last Name |  |
| Email                                                                                                                                                           |                                                                                                                                                                                                                           |       |                     | Phone     |  |
| Street Address                                                                                                                                                  |                                                                                                                                                                                                                           |       |                     |           |  |
| City                                                                                                                                                            |                                                                                                                                                                                                                           | State |                     | Zip Code  |  |
| APPEAL INFORMATION                                                                                                                                              |                                                                                                                                                                                                                           |       |                     |           |  |
| Appeal Type                                                                                                                                                     | <input type="checkbox"/> Administrative Action <input type="checkbox"/> Planning Commission Action                                                                                                                        |       |                     |           |  |
| Date of Action                                                                                                                                                  |                                                                                                                                                                                                                           |       | Assessor's Parcel # |           |  |
| Appellant Type                                                                                                                                                  | <div> <b>Applicant</b> <i>(Property Owner/Permit Applicant)</i><br/> <b>Appeal Fee: \$3,749.00</b> </div> <div> <b>Non-Applicant</b> <i>(Concerned Resident/Business Owner)</i><br/> <b>Appeal Fee: \$1,000.00</b> </div> |       |                     |           |  |
| Project Address                                                                                                                                                 |                                                                                                                                                                                                                           |       |                     |           |  |
| City                                                                                                                                                            |                                                                                                                                                                                                                           | State |                     | Zip Code  |  |
| Action to Appeal                                                                                                                                                |                                                                                                                                                                                                                           |       |                     |           |  |
| Reason(s) why this action should not be sustained<br>( <a href="#">SAMC § 1-4.03</a> )<br><br>Please attach supporting documents or additional pages as needed. |                                                                                                                                                                                                                           |       |                     |           |  |
| APPEAL AUTHORIZATION                                                                                                                                            |                                                                                                                                                                                                                           |       |                     |           |  |
| Appellant Signature                                                                                                                                             |                                                                                                                                                                                                                           |       |                     | Date      |  |

| FOR OFFICIAL USE ONLY |  |           |  |                 |  |
|-----------------------|--|-----------|--|-----------------|--|
| Date Filed            |  |           |  | Date of Hearing |  |
| Processed by          |  |           |  |                 |  |
| Appeal Fee Paid       |  | Date Paid |  | Payment Type    |  |
| Comments              |  |           |  |                 |  |