CITY OF SAND CITY
PLANNING DEPARTMENT

Application Form - Planning Permit / Entitlement Appeal
(Sand City Municipal Code Chapters 18.58 & 18.92)

The purpose of an Appeal is to contest a land entitlement decision of the Design Review Committee or the City Planner for City Council consideration and action.

APPELLANT:

Name:__________________________________________________________

Mailing Address:_____________________________________________________
Street____________________City____________________State_________________Zip

Phone Number:(_____)_________________________E-mail (if any):_____________________

DECISION BEING APPEALED:

Name of Permittee:_______________________________________________________Permit Number:__________________

Date of Permit Approval/Issuance:______________________________

Description of decision being appealed:______________________________________________________________

________________________________________________________________________

________________________________________________________________________

Attach additional sheets if necessary. If attached, initial here _____.

SUBJECT PROPERTY LOCATION:

Street Address:________________________________________________________Apt./Suite:________________________

Assessor’s Parcel Number(s):________________________________________Zoning:________________________

REASON FOR APPEAL:
Describe the reason(s) for submitting the appeal and a reversal of permit issuance:________________________

________________________________________________________________________

________________________________________________________________________

Attach additional sheets if necessary. If attached, initial here _____.
APPELLANT'S ATTESTATION: I, the undersigned, hereby declare as the Appellant identified herein, that the information provided above/attached is true, complete, and correct to the best of my knowledge.

________________________________________  ____________
Appellant's (or authorized Agent's) Signature  Date

________________________________________
Print Name

APPLICATION RECEIVED: I, the undersigned, have received the Application of Appeal on the date identified below.

________________________________________  ____________
City Planner Signature of Receipt  Date Received by City

________________________________________
Print Name & Title