



**THIS SECTION TO BE COMPLETED BY THE CITY CLERK'S OFFICE
STAMP OF RECEIPT:**

FEE PAID: _____

DATE: _____

TO THE RICHMOND CITY COUNCIL:

The undersigned hereby appeals decision: By the Historic Preservation Commission _____
 By the Planning Commission _____

Denial _____ of: Approval _____ of:

_____ Variance (V) _____ Tent Subd. Or Parcel Map (TM)

_____ Conditional Use Permit (CUP) _____ Rezoning (RZ)

_____ Design Review Permit (DRP) _____ EIR Decision (EIR)

_____ Other _____

**DESCRIBE ITEM AS PRINTED ON PLANNING COMMISSION or DESIGN REVIEW BOARD
AGENDA:**

STATE REASONS FOR APPEAL:

DELIVER OR MAIL TO:

City Clerk
 450 Civic Center Plaza, 3rd Floor
 Richmond, CA 94804

NAME _____

ADDRESS _____

TELEPHONE (HOME) _____
(WORK) _____