



THIS SECTION TO BE COMPLETED BY THE COMMUNITY DEVELOPMENT DEPT. STAMP OF RECEIPT:

FEE PAID: _____

DATE: _____

TO THE RICHMOND PLANNING DIVISION:

The undersigned hereby appeals the decision by the

Planning Commission

Design Review Board

Historic Preservation Commission

Zoning Administrator

Denial _____ of:

Approval _____ of:

Application Type: _____

Describe the item as printed on the agenda and the project PLN number:

Clearly and concisely state the reasons for the appeal, and state specifically how and where the underlying decision constitutes an abuse of discretion and/or is not supported by substantial evidence in the record (continuation sheets may be attached):

DELIVER OR MAIL TO:

Community Development Dept.
450 Civic Center Plaza, 2nd Floor
Richmond, CA 94804

NAME: _____

ADDRESS: _____

TELEPHONE (HOME): _____

(WORK) _____