



ALBANY CALIFORNIA

PLANNING & ZONING APPEAL

<p style="text-align: center;">GENERAL INFORMATION</p> <p>Who: Any Applicant or party with standing may appeal an administrative decision by Planning staff or a Planning & Zoning Commission action</p> <p>When: A written appeal must be filed within 14 calendar days of the administrative or Commission action</p> <p>Where: Appeals of administrative decisions are filed with the Community Development Department. Appeals of Planning & Zoning Commission actions are filed with the City Clerk</p> <p>Cost: -Appeal of Staff Decision to Planning & Zoning Commission: \$1,2316.00 (non-refundable) -Appeal of Planning & Zoning Commission Decision to City Council: \$3070.00 (non-refundable)</p> <p>Process: Appeals of Planning Staff decisions will be considered by the Planning & Zoning Commission. Appeals of Planning & Zoning Commission decisions will be heard before the City Council. For appeals of Planning & Zoning Commission decisions on items not requiring a Public Hearing, the appeal will be set for formal City Council consideration within 30 days. For items which required a Public Hearing, the City Council will schedule a Public Hearing within 30 days to consider the appeal.</p>	<p>Date of decision being appealed: _____ / _____ / _____</p> <p>Type of decision: Please check one</p> <p>Administrative <input type="checkbox"/></p> <p>Planning & Zoning Commission <input type="checkbox"/></p> <p>Municipal Code or Zoning Ordinance Section <input type="checkbox"/></p> <p style="text-align: center; margin-top: 20px;">If you have any questions regarding this procedure, please call the City Clerk at (510) 528-5710 or Planning Division at (510) 528-5761.</p>
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Project Address: _____

Description of Project: _____

Applicant Name: _____ Address: _____ Phone Number: _____ Email: _____	Appellant Name: _____ Address: _____ Phone Number: _____ Email: _____
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Basis of Appeal: (Please be precise) _____

Signature: _____		Date: _____	
Date Filed: _____	Received by: _____	Fee: \$ _____	Receipt #: _____
Appeal Agenda Date: _____		P & Z <input type="checkbox"/>	City Council <input type="checkbox"/>