



APPLICATION FOR APPEAL

Appealing a decision from the Building Official

For Office Use Only

Date Received: _____

Hearing Date: _____

Fee: **\$100**

Name: _____ Authorized Agent (if applicable) _____

Phone # (____) _____ Fax # (____) _____ Cell # (____) _____

Email: _____

Mailing Address: _____

Address of Proposed Appeal: _____

Zoning District _____

TYPE OF APPEAL

Please **put a check by the provision under which you are making this request.**

Appeal from final an administrative decision of the TRC applying the provision of the Santa Clara City Development Code;

Appeal from final an administrative decision of the Building Official applying the provisions of the Santa Clara City Development Code;

APPLICATION REQUIREMENTS

All appeals must be filed with the appellate body within thirty (30) days of the date of the decision,

Provide a written narrative specifying the nature of the appeal.

Provide supporting documentation, maps, pictures, studies or any other information that allow the appellate body to make a well-informed decision (optional).

APPLICANT(S)/OWNER(S) CERTIFICATION

I declare that the information set forth herein (or attached) is true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE _____ DATE _____