**For Office Use Only**

Date received:_____
Copied to:_____
Date copy sent:_____
Hearing set for:_____

# LAND USE APPEAL

Date:_____

BERNICE E. SEIDEL, Clerk
Board of Supervisors
Hall of Records, Room 301
2281 Tulare
Fresno, CA 93721

***APPEAL FEE: $350***
***(Fee must accompany appeal)***
***(Fee not applicable if appeal is only on GPA with no concurrent applications)***

I wish to appeal the Planning Commission's/Director's decision to deny approve

VA, CUP, TT, AA, GPA, AT, DRA Application/s No/s. _____ on _____
(Circle Applicable Application/s) (PC Hearing Date)

for the following **specific reason/s** (Note: Disregard if GPA appeal): _____

_____
_____
_____
_____
_____

Please notify me of the date and time of the appeal hearing before the Board of Supervisors.

***Appellant***

_____
(Name)

_____
(Address) (City)

_____
(Zip Code) (Daytime Phone No.)

***Agent (if applicable)***

_____
(Name)

_____
(Address) (City)

_____
(Zip Code) (Daytime Phone No.)

**If appellant is not the applicant, please provide**

**Name of applicant:** _____

**Applicants Name:** _____

_____
(Signature)