



APPEAL HEARING APPLICATION

Community Development • Planning & Building
2263 Santa Clara Ave., Rm. 190
Alameda, CA 94501-4477

alamedaca.gov
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538
Hours: 7:30 a.m.–3:30 p.m., M–Th

Fee: \$100.00 per activity.

Please print clearly.

Appellant Information

Name: _____ Phone: _____

Address: _____

Property Location or Project Connected with Appeal Matters

Property Address: _____

Project Title: _____ Permit Number: _____

Appeal matter description –describe specific nature of appeal matter and indicate the desired relief being sought:

Supporting argument(s) – describe all material facts in support of appeal matter (use additional sheets if needed and attach copies of any supporting information.):

Proposed schedule of work, with estimated dates for project completion (use additional sheets if needed.):

Signature

Date

Print name

FOR OFFICE USE ONLY

Received date: _____ Signed: _____

Hearing date: _____ Signed: _____