

**CITY OF PIEDMONT**  
**120 VISTA AVENUE**  
**PIEDMONT, CA 94611**  
**TEL: (510) 420-3050**  
**FAX: (510) 658-3167**

**APPEAL FORM**  
Pursuant to City Code Division 17.78

**GENERAL INFORMATION**

Who: Any interested person may appeal a decision of the Director to the Planning Commission, or a decision of the Planning Commission to the City Council.

When: A written appeal, stating the grounds for appeal, must be filed within ten calendar days after the date of the decision.

Where: Appeals must be submitted to the City Clerk at the address at the top of this form.

Cost: \$834 (includes a \$28 records management fee)

Process: Appeals of Director (Planning Staff) decisions will be considered by the Planning Commission. Appeals of Planning Commission decisions will be considered by the City Council. The appeal body will hear the appeal as soon as is reasonably possible, taking into account the notice requirements.

Grounds for overruling decision: The appeal body may overrule the action of the decision maker only if one of the following occurs:

- a. The findings made by the decision maker as a basis for its action are not supported by the weight of evidence;
- b. There is a significant error in the application of the requirements of Chapter 17 or other requirements of the City Code;
- c. There is a significant error in the application of the Piedmont Design Guidelines; or
- d. Significant errors in the application, plans, drawings or other materials provided to the decision maker are discovered after the hearing, which were a basis of the decision.

If you have any questions regarding the appeal procedure, please call the City Clerk at (510) 420-3040 or the Planning Division at (510) 420-3050.

I wish to appeal the decision of the:  Planning Director; or  Planning Commission, which took action on

\_\_\_\_\_ in the matter of \_\_\_\_\_ at \_\_\_\_\_.  
(date of decision) (application #) (project address)

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
(please print)

I am the  applicant,  concerned,  other. Phone number \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

The grounds upon which this appeal is filed are: (List all grounds relied upon in making this appeal. See City Code Section 17.78.040. Please attach additional sheets if more space is needed.)

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(For staff use only)

APPEALED APPLICATION # \_\_\_\_\_

PLANNER \_\_\_\_\_

\$834 FEE PAID