

APPEAL OF DECISIONS

CITY OF CLAREMONT DEPARTMENT OF COMMUNITY DEVELOPMENT 207 HARVARD AVENUE, P. O. BOX 880 CLAREMONT, CA 91711-0880 (909) 399-5470

APPELLANT INFORMATION Name of Appellant: ______ Address: Phone Number: _____ Date: ____ APPEAL INFORMATION Application Number: Appeal of: Staff Decision **Planning Commission** Decision Date: ______ **Architectural Commission** Please describe the specific decision being appealed and state the reasons for this appeal. Appeals shall set forth alleged inconsistency or non-conformity with procedures or criteria set forth in City codes. If additional sheets are necessary, please attach them to this form. Appellant's Signature **FEES** Project Applicant - In Accordance with our Fee Schedule Non-Applicant - In Accordance with our Fee Schedule Received By:

Hourly Deposit:

Fixed Fee: ______