

For Office Use Only	
Date received: Copied to: Date copy sent: Hearing set for:	

NOTICE OF APPEAL OF PLANNING COMMISSION DECISION

Date:		Appeal Fee: \$508 – Due when filing appeal				
APPELLANT FILL Project Site Address		V THIS LINE, THIS	SIDE ONLY – PLEA	SE PRINT OR TYPE		
Froject Site Addres	55					
Number Stre	et	City	Zip	Assessor's Parcel Number		
Appellant's Inform	ation		Applicant's I	Information (check if same as Appellant)		
Name:			Name:	Name:		
· ·			•	Mailing Address:		
Telephone: Telephone						
Subject of Appeal						
Variance Ap Conditional Director Re Tentative To Amendment Amendment	pplication N Use Permit view and Ap ract Application to Text Ap	ommission's decision o.* No oproval Application N tion No n No plication No		Deny		
Date of Planning Co	mmission A	Action				
Reason(s) for Appea	al (Attach ac	lditional sheets if nece	essary)			
		Appell	ant's Signature			

^{*} Fresno County Zoning Ordinance§ 877(c) requires that any appellant, other than the applicant, County Department Director, or Board of Supervisors member, must be a property owner within a certain distance from the Variance Application property. The Department of Public Works and Planning will verify that the ordinance requirements are met. If the requirements are not met, the appeal fee will be returned and no date for appeal hearing before the Board of Supervisors will be set.