

Planning Commission/Board of Zoning Adjustments Appeal Form

PJR-021

To: Board of Supervisors
County of Sonoma, State of California

File # _____

Appeal is hereby made by: _____
Please Print

Mailing Address: _____

Phone: _____ Email: _____

The Sonoma County Planning Commission / Board of Zoning Adjustments (circle one) on
_____, 20_____, approved / denied (circle one) a request by
_____ for _____

located at _____

APN _____ - _____ - _____ Zoned _____ Supervisorial District _____

This appeal is made pursuant to Sonoma County Code Chapter 26 Section 26-92-160 for the following specific reasons:

Date: _____ Appellant: _____
Signature

Appeal Fee: See current PRMD Project Review Fee Schedule

----- Ⓢ DO NOT WRITE BELOW THIS LINE - To Be Completed by PRMD Staff Ⓢ -----

This appeal was filed with the Permit and Resource Management Department on the _____ day
of _____, 20_____, receipt of which is hereby acknowledged.

PRMD Staff

Sonoma County Permit and Resource Management Department
2550 Ventura Avenue ♦ Santa Rosa, CA ♦ 95403-2829 ♦ (707) 565-1900 ♦ Fax (707) 565-1103