



**Appeal**  
**City of American Canyon**  
**Community Development Department**  
 4381 Broadway, Suite 201  
 American Canyon, CA 94503

<b>For Office Use Only:</b> Date Received: _____ By: _____ Case Numbers: _____ _____ Approved: _____
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**Appeal Form** *please print or type*

Project or application name \_\_\_\_\_

Project or application address or APN(s) \_\_\_\_\_

Appellant name \_\_\_\_\_ Appellant address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Phone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

Bus License # \_\_\_\_\_

Appellant representative \_\_\_\_\_ Representative address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Phone no. \_\_\_\_\_ Fax no. \_\_\_\_\_

Bus License # \_\_\_\_\_

**Type of appeal:**

Appeal of Staff administrative decision Date of decision \_\_\_\_\_

Appeal of Planning Commission decision Date of decision \_\_\_\_\_

**Description of matter appealed:**

Approval of project or application

Denial of project or application

Conditions of project approval – number(s) \_\_\_\_\_

Other \_\_\_\_\_

The grounds upon which this appeal is filed are (list all grounds relied upon in making this appeal; please attach additional sheets if more space is needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The specific action which the appellant wants the City Manager, Planning Commission or City Council to take is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appellant's Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Representative's Signature** \_\_\_\_\_ Date \_\_\_\_\_