CITY OF CAPITOLA
APPEAL APPLICATION FORM

TYPE OF APPEAL (check one)	APPEAL FEE
☐ Administrative - Staff Determination	$500
☐ Planning Commission Decision	$500
☐ Code Enforcement Action	$500
☐ Building Code Interpretation	$500
☐ Coastal Appeal	$0

APPELLANT INFORMATION

Name: _____

Address: _____ **City** _____ **Zip** _____

Phone: _____

Email: _____

APPEAL INFORMATION

Project Address: _____

Property Owner: _____

Application Number: _____

REASONS FOR APPEAL

Please note the reasons and grounds for your appeal. Attach additional pages as necessary.

_____

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SIGNATURE _____ **DATE** _____