CITY of CHICO

COMMUNITY DEVELOPMENT DEPARTMENT

PLANNING DIVISION

411 Main Street, 2nd Floor | P.O. Box 3420, Chico, CA 95927
(530) 879-6800 | www.chicoca.gov | zoning@chicoca.gov

Application for Appeal to Planning Commission

Appellant Information

Name: _____ Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Appellant's Relationship to the Project (applicant, interested person, neighbor, etc.):

_____

Appeal Information

Project Name: _____ File Number: _____

Project Address or Location: _____

Decision Date: _____

Grounds for Appeal

Clearly state the specific reasons for the appeal and identify any alleged errors, omissions, or other grounds supporting the appeal. Attach additional pages and supporting documents if needed.

Required Signatures

I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief.

Appellant's Signature: _____ Date: _____
(digital signature okay)