

CITY OF HANFORD

Application for: APPEAL NO. _____

City of Hanford
Community Development Department
317 North Douty Street
Hanford, CA 93230
Telephone: (559) 585-2580; Fax (559) 583-1633

Application Fees: _____
Environmental Review Fee: _____
Other Fees: _____
Total Fees: _____
Env. Rev. No. _____ File No. _____
Receipt No. _____

PART A: GENERAL INFORMATION

APPLICANT

NAME _____ ADDRESS _____

CITY _____ PHONE _____ EMAIL _____

In accordance with the provisions of the Hanford Municipal Code, I hereby appeal the decision of the (Community Development Department or Planning Commission) pertaining to:

Application No. _____ Decision Made On _____, 20____

Briefly describe what the appeal is concerning, whether it be the entire decision made by the Department or Commission or a particular condition(s) of approval:

Are you, or were you, a party in the original application? _____

If not, please state the basis of your interest: _____

PART B: CERTIFICATION

APPLICANT

Signature of Applicant