



APPEAL FORM

Town of Woodside

2955 Woodside Road
 Woodside, California 94062
 650 851.6790
 www.woodsidesidetown.org

Property Address: _____

APN #: _____

Appellant: _____

Address: _____

Phone Number: _____

Email: _____

Please complete this form to appeal a decision of staff or the Planning Commission. You may submit additional attachments to this form to provide the necessary information for your appeal.

Please note: All appeals must be filed within ten (calendar) days after the decision of staff or the Planning Commission. The appeal must be in writing and must provide information addressing all of the items below to be considered complete. The required appeal fee as adopted by the Town Council must accompany an appeal. Prior to submitting your appeal, please check with staff regarding the amount of the appeal fee due. Appeals will not be accepted without the required appeal fee.

Please include the following information with your appeal:

1. Brief project description.
(Improvement requested by property owner)
2. Brief description of decision being appealed.
3. If applicable, Application Number of project being appealed.
4. Relief or action sought.
(Reversal of decision or change in conditions of approval, etc.)
5. Provide a written statement listing all findings made by staff or the Planning Commission which you contend were made in error and why. You may attach other sheets. Please attach all documentation supporting your request.

Appellant's Signature: _____

Date: _____