CITY OF SARATOGA
APPEAL APPLICATION
(Revised July 2007)

Appellant Name: _____

Address: _____

Telephone #: _____

Name of Applicant
(If different than Appellant):_____

Project file number and address: _____

Decision being appealed: _____

Grounds for appeal (Letter may be attached):_____

_____

_____

Applicant Signature: _____ Date: _____

☐ City Code Section 2-05.030 (a) appeals:
- No Hearing $100.00
- With Hearing $600.00

☐ City Code Section 15-90.010 appeals (Zoning related):
- Appeals from Administrative Decisions to the Planning Commission $400.00

☐ City Code Section 15-90.020 appeals (Zoning related):
- Appeals from Planning Commission to the City Council $600.00

☐ City Code Section 13-20.060 appeals
- Appeals from Heritage Preservation Commission to the Planning Commission. No Charge

☐ City Code Section 15-50.100 (a) appeals (Trees): $500.00
- Appeals from Administrative Decisions to the Planning Planning Commission

☐ Request for a Continuance:
- First Requests No Charge
- 2nd Request $250.00

Date Received: _____ Hearing Date**:** _____

Fee**:** _____ Receipt#: _____