



PETITION FOR APPEAL

TO: THE MARIN COUNTY _____
3501 Civic Center Drive (Planning Commission or Board of Supervisors)
San Rafael, CA 94903-4157

1. The undersigned, _____, hereby files an appeal
(Appellant/Petitioner)

of the decision issued by the _____
(Director, or Deputy Zoning Administrator, or Planning Commission)

regarding the _____
relating to property described and located as follows:

a) Assessor's Parcel Number _____

b) Street Address _____

2. The basis of this appeal is:

(The pertinent facts and the basis for the appeal shall be provided to the Agency at the time the appeal is filed, but no later than the last date established for the appeal period – usually 10 days following the date of the decision. If more space is needed, please attach additional pages setting forth the bases for appeal.)

FROM _____
(Print Name)

(Signature)

(Address)

(Telephone)

(City/State/Zip Code)

(Email)