



PLANNING APPEAL APPLICATION TO CITY COUNCIL

City Clerk's Office | 835 East 14th Street, San Leandro, CA 94577 | (510) 577-3367

MUST BE SUBMITTED IN PERSON

General Information + Appeal Timing

Decisions of the Board of Zoning Adjustments or the Planning Commission may be appealed to City Council and are filed with the City Clerk's Office.

This appeal application must be submitted within fifteen (15) calendar days of the decision, and within ten (10) calendar days of a Tentative Map approval. If the appeal period ends on a weekend or holiday, the time limit shall be extended to the next working day.

Appeal Application + Fees

Bring the following items to the City Clerk's Office:

1. Signed and completed Appeal Application (front side.)
2. Signed and completed Agreement for Payment of Appeal Fees (back side.)
3. Check payable to City of San Leandro or credit card (with a 2.5% fee) to pay the planning deposit
4. Check payable to City of San Leandro or credit card (2.5% fee) to pay the separate \$534 city clerk fee

OFFICIAL USE ONLY	
APPEAL RECEIVED	
By	
Date	
DEPOSIT PAID <i>(attach copy of receipt)</i>	
FEE PAID <i>(attach copy of receipt)</i>	
CC:	
<input type="checkbox"/> Planning	<input type="checkbox"/> CAO

I wish to appeal the decision of the:

Board of Zoning Adjustments

Planning Commission

Project Address

Project #
PLN _____ - _____

Date of Action

Approved
 Denied

Reasons for Appeal - List all grounds relied upon in making this appeal. *(Attach additional sheets if necessary)*

APPELLANT INFORMATION

Print Full Name

Applicant Concerned Resident Concerned Business Owner Other: _____

Mailing Address

Phone #

Address

Email

City _____ State _____ Zip _____

Signature of Appellant _____	Date _____
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AGREEMENT FOR PAYMENT OF PLANNING APPEAL FEES

835 East 14th Street, San Leandro, CA 94577 | (510) 577-3325 | planner@sanleandro.org

Project Address		Assessor's Parcel #	
<hr/> <small>Address</small>			
<hr/> <small>City</small> <small>State</small> <small>Zip</small>			
Project # PLN -		Date of Action <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
APPELLANT INFORMATION			
Print Full Name			
Mailing Address		Phone #	
<hr/> <small>Address</small>		<hr/> <small>Email</small>	
<hr/> <small>City</small> <small>State</small> <small>Zip</small>			
<p>I (We) hereby agree to pay all direct costs as listed in the City's adopted fee schedule for the review and processing of application(s) for the subject project, at such time as requested by the Community Development Director. Direct costs include, but are not limited to, hourly personnel charges plus a factor of 3.38 for benefits and administrative overhead; legal fees; communications in person, via telephone, or teleconference or written correspondence with the appellant, property owner, architect, engineer, etc.; analysis and preparation of staff reports and findings; and attendance at public hearings. If applicable, I (we) also hereby agree to pay all contract costs for preparation of an environmental document in compliance with the California Environmental Quality Act.</p> <p>A deposit is required along with this form. Future payments are due and payable within 30 days. At the completion of the appeal process, any unused balance will be returned to the appellant. Interest will accrue on all costs unpaid 30 days after billing at the maximum legal rate and the City is entitled to recover its costs, including attorney's fees, in collecting unpaid accounts. Delinquent accounts may be sent to a collection agency.</p> <p>Furthermore, I (we) hereby agree to hold the City harmless from all costs and expenses, including attorney's fees, incurred by the City or held to be the liability of the City in connection with the City's defense of its actions in any proceeding brought in any State or Federal Court challenging the City's actions with respect to my (our) project.</p>			
<hr/> Signature of Appellant		<hr/> Date	

STAFF COMMENTS
