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

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