



City of Dixon
Community Development Department
600 East A Street, Dixon CA 95620
Tel: (707) 678-7000 Fax: (707) 678-0960

For office use only: No. _____ Date _____

Fee _____ Rec# _____

By _____

APPEAL APPLICATION

Name of Person Appealing: _____

Address: _____

Phone: _____ **Email:** _____

Property Address/ Location Appealing: _____

Appeal of Application Number (s): _____

Date of Decision: _____

Check One:

- Appeal of Planning Commission Action
- Appeal of Staff/ Administrative Interpretation

Reason for appeal. Provide specific points of appeal and the basis for the appeal (attach additional sheets if necessary):

I hereby certify that the facts and information contained in the application (and additional pages when needed) are true and correct to the best of my knowledge.

Signature of Applicant

Date

Appeal procedures prescribed by Dixon Municipal Code DMC 18.40 .
Appeal applicaiton to be accompanied by Fee in accordance with the City of Dixon Master Fee Schedule