



THE TOWN OF
CORTE MADERA
MARIN COUNTY CALIFORNIA

PLANNING AND BUILDING DEPARTMENT
240 TAMAL VISTA BLVD., STE. 110
CORTE MADERA, CA 94925

Application for APPEAL

For Staff Use

Date: _____

Rec. by: _____

Fee: _____

App. #: _____

Name: _____ Daytime Phone: _____

Mailing Address: _____

I hereby appeal the decision made on _____ (date) by the

Planning Director **Zoning Administrator** **Planning Commission**

in the matter of: _____

I request the **Planning Commission** **Town Council** to:

Approve the application

Deny the application

Amend the Conditions of Approval

Other (explain) _____

The Corte Madera Municipal Code requires appellants to state the **specific reason(s)** upon which the appeal is based, including but not limited to:

The determination, decision, or interpretation was not consistent with the Municipal Code in the following respect(s): _____

The determination, decision, or interpretation was in error or was an abuse of discretion for the following reason(s): _____

The determination, decision, or interpretation was not supported by the record or facts presented in the following respect(s): _____

Other: _____

An explanation of the specific reasons for this appeal is attached.

I hereby certify that the information given is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____