



**COMMUNITY DEVELOPMENT DEPARTMENT | Building Division**

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## City of Healdsburg Request for Hearing – Appeal

Appellant’s name: \_\_\_\_\_

Appellant’s address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of appeal**

Appeal of Staff administrative decision      Date of decision: \_\_\_\_\_

Appeal of Planning Commission decision      Date of decision: \_\_\_\_\_

**California Building Code Section 113.2, An application for appeal shall be based on a claim that the true intent of this code or the rules adopted thereunder have been** (at least 1 must be checked):

Incorrectly interpreted.

Do not fully apply.

Or an equally good or better form of construction is proposed.

**Note - The board shall not have authority to waive requirements of this code.**

**Provide a statement describing the circumstances of this appeal and include any evidence to be presented at the hearing** (attach additional sheets if more space is needed):

**The specific action which the appellant wants to be taken:**

**Appellant’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Pursuant to HMC 15.04.020; The Building Official will schedule the appeal for the next available Planning Commission meeting.*

**City Use Only – do not write in this area**

Date Received \_\_\_\_\_ Fee Received \_\_\_\_\_ Received by \_\_\_\_\_

File Number \_\_\_\_\_ Related Files \_\_\_\_\_

Acted on by \_\_\_\_\_ Date \_\_\_\_\_