



**PETITION FOR APPEAL**

Planning & Building • 2263 Santa Clara Ave., Rm. 190  
Alameda, CA 94501-4477  
510.747.6800 • F: 510.865.4053 • TDD: 510.522.7538  
Hours: M, W, Th – 7:30 am – 4:30 pm  
T – 7:30 am – 4:00 pm

**This petition is hereby filed as an appeal of the decision of the, which**

\_\_\_\_\_  
(Planning and Building Director/Zoning Administrator/Planning Board/Historical Advisory Board)

\_\_\_\_\_  
(Denied/Granted/Established Conditions)

\_\_\_\_\_  
(Application Type) (Application Number)

**at**  
\_\_\_\_\_  
(Street Address)

**on**  
\_\_\_\_\_  
(Specify Date of Action)

**State the reasons or justification for an appeal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(If more space is needed, please attach additional sheets.)

Appellant: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
(Appellant Names(s))

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

Address: \_\_\_\_\_  
(Appellant Address)



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Alameda Municipal Code (AMC) 30-25, Appeals and Calls for Review, provides that within ten (10) days a decision of the Planning Director or Zoning administrator may be appealed to the Planning Board, and decisions of the Planning Board or Planning Director or Zoning Administrator may be appealed to the Planning Board, and decisions of the Planning Board or Historical Advisory Board may be appealed to the City Council. In addition to the appeal process, decisions of the Planning Director or Zoning Administrator may be called for review within ten (10) days to the Planning Board by the Planning Board or by the City Council and decisions of the Planning Board or the Historical Advisory Board may be called for review by the City Council or a member of the City Council.

**FEES:**

- **Single-Family or Duplex Residence: \$250.00 (must accompany this Petition) plus Time & Materials costs up to \$500.00, Maximum \$750.00**
- **Multi-Family Residential, Commercial or Non-Residential: \$350.00 (must accompany this Petition) plus Time & Materials costs up to \$2,500.00, Maximum \$2,850.00**

Signed: \_\_\_\_\_

(Appellant Signature(s))

\_\_\_\_\_ Date

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**For Office Use Only**

Received By: \_\_\_\_\_

Receipt No: \_\_\_\_\_