APPLICATION FOR APPEAL
City of San Mateo
330 W. 20th Avenue
San Mateo, CA 94403

Date Filed:_____

Office Use Only
File #: _____
Fee: _____
Tentative Hearing Date:
_____

TO:
- ☐ City Council
- ☐ Commission _____
- ☐ Zoning Administrator
- ☐ Other:_____

Appeals to the City Council of a decision are subject to a fee as stated in the Comprehensive Fee Schedule.
Per the San Mateo municipal code, appeals must be filed within 10 days of the decision being appealed.

APPELLANT

Name: _____ Daytime Phone: _____

Email: _____

Address: _____
Street City Zip Code

SUBJECT

Project Being Appealed: _____

Address / Location: _____

State Reasons for Appeal and Particular Areas of Concern (if an appeal of Planning Applications conditions of approval, please list each condition appealed and the reason for your appeal):

Added Comments or Proposal (if any):

_____ _____
Appellant's Signature Date

(Attach additional sheets if necessary)
Please refer to Comprehensive Fee Schedule for appeal filing fees.