



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 of \$565 in fiscal year 2024-25.

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.