# CITY OF CORONADO
## 1825 Strand Way
## Coronado, California 92118
## (619) 522-7320

Date Stamp

## Appeal Hearing Form

Appellant: _____

Mailing Address: _____

_____

Phone #: _____Fax #: _____

Alt Phone #:_____

Email: _____

Signature: _____

Appellant's Rep.: _____

Mailing Address: _____

_____

Phone #: _____Fax #: _____

Alt Phone #:_____

Email: _____

Signature: _____

This Appeal is relative to the action taken by the: _____
Board, Commission, Committee, or Department

Date of Determination: _____
Mo/Day/Year

For the project known as:

_____

Project Address:

_____

**For City Use:**

| | | |
|---|---|---|
| ☐ | Appeal Fee Paid Per Fee Schedule | Receipt No.: _____ Acct: 108-5400 |
| ☐ | Application Complete & Legible | Associated City Dept: _____ |
| ☐ | Number of Copies of Materials Required | Associated Case No: _____ |

Describe Supplemental Materials submitted: _____

_____

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Appellant's Interest in the Appealed Determination:

_____

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Explain each reason why the a review is being requested, including the grounds for the appeal, and provide the supporting relevant code sections:

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**AN INCOMPLETE APPEAL SHALL BE RETURNED TO YOU AND CONSIDERED TO BE INAPPROPRIATELY FILED. THE APPEAL PERIOD EXPIRES 10 DAYS AFTER THE DETERMINATION AND CANNOT BE EXTENDED TO ACCOMMODATE ADEQUATE COMPLETION OF THE APPEAL FILING.**

**ONLY MATERIALS SUBMITTED BY THE DEADLINE WILL BE CONSIDERED AT THE HEARING**