



**City of Pittsburg  
 Planning Department  
 65 Civic Avenue, Pittsburg, CA 94565  
 Phone: (925) 252-4920, Fax: (925) 252-4814**

**DECLARATION OF APPEAL**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Appealed By:  Applicant  
 Interested Party (Please specify.): \_\_\_\_\_

.....  
 Project Name: \_\_\_\_\_ Application No. (s): \_\_\_\_\_

Appealing Decision Of:  City Staff  
 Zoning Administrator  
 Planning Commission

Date of Decision: \_\_\_\_\_

Action Being Appealed:  Code/Policy Interpretation  
 \_\_\_\_\_  
 Resolution No. \_\_\_\_\_  
 Other \_\_\_\_\_

Specify reason(s) for appeal: (may attach additional page(s), if needed).

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

Signature of Appellant \_\_\_\_\_

**FOR STAFF USE ONLY:**

Resolution No(s): \_\_\_\_\_ Date Received: \_\_\_\_\_

Deadline for Appeal: \_\_\_\_\_ Scheduled for: \_\_\_\_\_

Applicant Fee/Receipt No.: \_\_\_\_\_ Interested Party Fee/Receipt No: \_\_\_\_\_