



**APPEAL APPLICATION
CITY OF UPLAND
COMMUNITY DEVELOPMENT DEPARTMENT**

PROJECT ADDRESS/LOCATION:	FILE NO.:
	RELATED FILES:
APPLICANT NAME:	PROPERTY OWNER:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
E-MAIL:	E-MAIL:

PROJECT DESCRIPTION

1. This application is an appeal to (check one):
- Planning Commission
 - City Council
2. This application is an appeal of determination by the (check one):
- Planning Director _____
(case number)
 - Administrative Committee _____
(case number)
 - Design Review Board _____
(case number)
 - Planning Commission _____
(case number)

APPLICANT CERTIFICATION

I hereby certify that the information provided is complete and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Signature

Date

DATE RECEIVED:	RECEIVED BY:	FEES:	RECEIPT NO:
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