



**NOTICE OF APPEAL FROM A DECISION OF THE  
DEVELOPMENT SERVICES DIRECTOR OF THE CITY OF REDLANDS**

Pursuant to the Redlands Municipal Code, the undersigned hereby appeals a decision of the Development Services Director of the City of Redlands as follows:

Project Name or Permit Number: \_\_\_\_\_

Decision being appealed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Director's decision: \_\_\_\_\_

Grounds of Appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Appellant (print): \_\_\_\_\_

Address of Appellant: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

**Appeal Filing Requirements:**

- (1) Applicable appeal filing fee.
- (2) Submission of 15 copies of plans and/or proposal to the Development Services Department, Planning Division (if appealed by Applicant).

*Staff Use Only:*

Date Received: