

Solano County Department of
Resource Management

675 Texas Street, Suite 5500 • Fairfield, California 94533 • (707) 784-6765

APPEAL REQUEST INSTRUCTIONS

1. **GENERAL COMMENTS** - Any person or party aggrieved or affected by any determination of the Zoning Administrator or Planning Commission may file an appeal pursuant to Section 28-63 of the Solano County Code. The appeal must be in writing outlining the reasons of the appeal and filed within ten days of the decision to be appealed.

2. **APPEAL PROCESS**
Appeal Fee: \$150.00
 - a. Submit a written statement (see form attached) outlining the reasons of the appeal of a Zoning Administrator decision to:

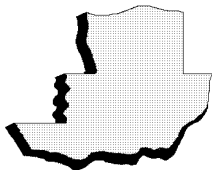
*The Solano County Planning Commission
675 Texas Street, Suite 5500
Fairfield, CA 94533
(707) 784-6765*

 - b. Submit a written statement (see form attached) outlining the reasons of the appeal of a Planning Commission decision to:

*The Solano County Board of Supervisors
675 Texas Street, 6th Floor
Fairfield, CA 94533
(707) 784-6100*

3. **PUBLIC NOTICE** - One advertised public hearing is required for an appeal, at least fifteen days prior to the hearing, Resource Management will provide written notice by first class mail to the appellant, project applicant and owners of property located within 500 feet of the subject property. Notice will also be published in a newspaper of general circulation or posted in the vicinity of the project location. This public notice is to inform the public of their right to appear and be heard on the matter.

4. **PUBLIC HEARING** - The appellant or representative should be present at the public hearing. If appellant is unable to attend, a request for a continuance may be submitted in writing. During the hearing all interested persons will have the opportunity to speak in favor or in opposition to the appeal. Persons speaking will usually be asked their interest in the matter and other pertinent questions deemed necessary in making a determination.



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APPEAL REQUEST FORM

1. Name of Appellant _____ Telephone _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Appealed to: Planning Commission _____ Board of Supervisors _____
4. Appeal Fee (\$150.00): receipt # _____
5. State reason(s) (or attach in writing) why the decision making body erred in its decision:

Appellants Signature _____ Date _____