

APPEAL APPLICATION & REQUEST FOR PUBLIC HEARING

Community Development Department / Planning Division 3232 Main Street, Lemon Grove, CA 91945
Phone: 619-825-3805 Fax: 619-825-3818
www.ci.lemon-grove.ca.us

APPLICANT:	PHONE:
ADDRESS:	FAX:
	EMAIL:
CASE/PROJECT NUMBER:	
DECISION /CONDITIONS OF APPROVAL BE	EING APPEALED (INCLUDE CONDITION ITEM NUMBERS):
SPECIFIC REASON(S) FOR APPEAL OR RE	EQUEST FOR PUBLIC HEARING:
Attach additional sheets if necessary.	
Applicants Signature	Date
TO BE COMPLETED BY PLANNING STAFF	
EUE WAY	
FILE #(s): DATE:	
FEES: RECEIPT #:	
FEES. REGEIFT#.	
COMMENTS and/or CONDITIONS:	