



**CITY OF COACHELLA  
DEVELOPMENT SERVICES DEPARTMENT  
REQUEST FOR APPEAL**

Date: \_\_\_\_\_

**APPLICATION INFORMATION:**

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

Case Type (CUP, TTM, etc) and Number: \_\_\_\_\_

Hearing/Decision Date: \_\_\_\_\_ Appeal Deadline: \_\_\_\_\_

**APPELLANT INFORMATION:**

Appellant: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Appellant Phone: \_\_\_\_\_

Appellant Fax: \_\_\_\_\_

Appellant e-mail: \_\_\_\_\_

Applicant (If Different): \_\_\_\_\_

I hereby appeal the decision of the:

☐ Planning Director

☐ Planning Commission

**REASON FOR APPEAL:**

The decision maker failed to comply with the provisions of the Zoning Code, General Plan or other applicable plans in the following manner (use additional sheets if necessary):

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

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Office Use Only:

Date Received: \_\_\_\_\_

Appeal Fees: \_\_\_\_\_

Received by: \_\_\_\_\_