

**APPLICATION FOR APPEAL
COUNTY OF MERCED**

Date: _____

Appellant's Name: _____

Address: _____

Date of Action Being Appealed: _____

Project Number Being Appealed (if any): _____

Nature of the Project: _____

Project Location: _____

REASON FOR APPEAL: (Herein set forth the error or abuse of discretion)

(If additional space is needed, please attach)

Appeal filed at Planning Department public counter on: _____
(Must be filed within five calendar days of action taken)

Signature of Appellant: _____

By: _____

For Use By The Planning Department

Appeal Log Number: _____ Date Received: _____

Being Appealed To: _____

Supervisor District: _____

