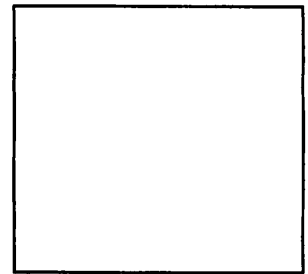




COUNTY OF TRINITY

APPEAL OF PLANNING COMMISSION
DECISION TO BOARD OF SUPERVISORS



Received Stamp

Name: _____ Email: _____

Telephone: _____ Work: _____ Fax: _____

Address: _____

Decision of Planning Commission rendered on: _____
(date)

Planning Commission's Decision was to: Approve Deny Continue

Request for:

Reason for Appeal:

Signature: _____ Date: _____

Clerk's Use Only

Date Filed: _____

Fee Collected: _____

Hearing Date: _____

Planning Dept. Notified: _____

Notice Published: _____

Notice Mailed: _____