



**TRINITY COUNTY**  
**COMMUNITY DEVELOPMENT DEPARTMENT**  
PLANNING & CANNABIS, 530 MAIN ST., PO BOX 2819  
WEAVERVILLE, CALIFORNIA 96093  
PHONE (530) 623-1351, FAX (530) 623-1353

**APPLICATION TO APPEAL OF DIRECTOR'S DECISION  
TO PLANNING COMMISSION**

DATE: \_\_\_\_\_

APPEAL FEE: \$500- due upon filing

Project # or CCL # or CCV # of application decision being appealed: \_\_\_\_\_

Date of Director's decision or action: \_\_\_\_\_

Director's decision was:  Approve  Deny

**A. APPLICANT/APELLANT INFORMATION** *The following information will be used to contact you regarding the status of your appeal (e.g. hearing dates) and is considered public record.*

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**B. REASON FOR APPEAL** *Clearly state the basis for the appeal and include/attach any supporting evidence if applicable.*

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

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

FOR OFFICE USE ONLY

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

Project number: \_\_\_\_\_

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

Receipt number: \_\_\_\_\_

Notice Published: \_\_\_\_\_

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