



Town of Yountville
6550 Yount Street
Yountville, CA 94599
Phone: 707.944.8851
Fascimile: 707.944.9619
www.townofyountville.com

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Date Received _____ Fee Received _____

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Related Files _____

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Appeal Form *please print or type*

Appellant's name _____

Appellant's address _____

Phone no. _____ Email address _____

Type of appeal

- Appeal of Staff Administrative decision- Date of decision _____
- Appeal of Zoning & Design Review Board decision- Date of decision _____

Description of matter appealed

- Approval of project or application _____
- Denial of project or application _____
- Conditions of project approval – number(s) _____
- Other _____

The grounds upon which this appeal is filed (attach additional sheets if more space is needed):

The specific action which the appellant wants to be taken:

Appellant's Signature _____ **Date** _____