CITY OF EUREKA **REQUEST FOR HEARING FORM**

Community Development Department, 531 "K" Street, Eureka, CA 95501, (707) 441-4160

Please complete the information below and attach supplemental information as required. If you have questions regarding this application form, the application process, or general planning questions, please do not hesitate to contact the Community Development Department at the address and phone number shown above. Office hours are Monday - Friday 8 a.m. - noon and 1 p.m. - 5 p.m. (*Please note we are closed during the lunch hour*).

APPLICANT/OWNER/AGENT

Applicant's Name*: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Owner of Property - Name (if not applicant)*: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Agent's Name (if different than Applicant)**: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

** if more than one applicant or owner please list all on attached sheet* ***questions/correspondence will be directed to Agent*

PROJECT LOCATION

Street Address: _____ Assessor's Parcel Number(s): _____

DESCRIPTION

1. Application to which this request is being made:

2. Said decision of the Director was as follows:

3. Indicate specifically wherein it is claimed there was an error or abuse of discretion by the Director; or herein this decision is not supported by the evidence in the record:

APPLICANT'S AUTHORIZATION

I hereby authorize the City of Eureka to process this application. I have completed, or reviewed this application and any "Supplement to Application• forms and know that the contents thereof are true and accurate to my own knowledge and I assume all responsibility for their accuracy.

Applicant's Signature: _____ Date: _____