

File Number: _____

Receipt No.: _____

Date Received: _____

Amount: _____

APPEAL FORM

(For more information, see Section 17.22.220 of the Zoning Ordinance)

Appeals must be submitted to the Planning Department with appropriate appeal fee. Please see fee schedule or contact the Planning Department for appeal fee information.

APPELLANT Crystal Singh

ADDRESS 7260 Chaparral Drive, Shingle Springs CA 95682

DAYTIME TELEPHONE 530-677-7393

A letter from the Appellant authorizing the Agent to act in his/her behalf must be submitted with this appeal.

AGENT Associated Land Consultants

ADDRESS 607 Riley Street, Folsom CA 95630

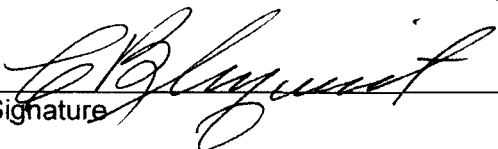
DAYTIME TELEPHONE 916-985-7242

APPEAL BEING MADE TO: Board of Supervisors Planning Commission

ACTION BEING APPEALED (Please specify the action being appealed, i.e., approval of an application, denial of an application, conditions of approval, etc., and specific reasons for appeal. If appealing conditions of approval, please attach copy of conditions and specify appeal.)

We are appealing condition #22 regarding destrcution of existing wells. We do not feel that we should be required to destory the well that serves the existng residence. This well is producing adequate amount of health water and should remain to serve the existng residence.

DATE OF ACTION BEING APPEALED 11/21/07

Signature 

Date 11/21/07