



OFFICE of the CITY CLERK

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CITY OF GARDENA APPEAL FORM

Case Name:	DBA:	Address/Location of Subject Property:
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DECISION OF:

- ☐ Community Development Director (\$2,315.00)
☐ City Manager/Staff to City Council (\$1,344.00)
☐ Other: _____

- ☐ PEQC to City Council (\$3,153.00)
☐ Staff to City Manager (\$1,636.00)

DATE OF DECISION: _____

APPEALING: APPROVAL ☐ DENIAL ☐

Reason for Appeal: Be as detailed as necessary. Additional information can be presented at the hearing. Attach pages as required with additional information and/or signatures.

Name of Appellant:	Phone Number:
Address:	Email:
Signature:	Date:

FOR OFFICE USE ONLY:

Appeal Fee Paid: _____ Date: _____ Received by: _____

Copies to: Community Development Department: ☐ Planning ☐ Building & Safety ☐ City Council

☐ City Manager ☐ City Attorney ☐ Other Department(s) _____