

City of Gaster City

ESTERO MUNICIPAL IMPROVEMENT DISTRICT

610 FOSTER CITY BOULEVARD FOSTER CITY, CA 94404-2222

Architectural Review Neighbor Notification Form

(When completed, please return this form to Community Development Department, at the address shown above)

File	e No (to be completed by City staff)		
	PROJECT INFORMATION — TO BE COMPLETED BY THE APPLICANT		
	Date of Plans:		
F	Address of Proposed Project: Project Description:		
Neighboring Property Owner's Response			
	ave reviewed the plans for the project described above. (Please check one or more boxes ow:)		
	I have no objections to the proposal depicted on these drawings. If the project is approved as proposed, I hereby waive any rights to file an appeal.		
	I would like City staff to call or e-mail me (circle one) at(daytime phone/e-mail address) to discuss my concerns.		
	I am opposed to this proposal in its current form because		

☐ I would like a Notice of Decision mailed or e-mailed (circle one) to me following any action on the application, providing an opportunity to file an appeal.				
OVER PLEASE □				

Important Information for Property Owner

Please return this form to the Community Development Department as soon as possible. The Department must act on this application within a few days of a determination that an application is complete.

If you wish to file an appeal of the decision rendered for this project you must do so within ten (10) calendar days of the decision and in accordance with Section 17.06.150.A.1. of Title 17 (Zoning) of the Foster City Municipal Code. You must also submit an Appeal Fee in accordance with the latest adopted Master Fees and Service Charges Schedule in the form of a check to the City of Foster City. Appeal forms are available at the Community Development Department and will be mailed upon request by telephoning (650) 286-3225 during business hours.

Dated:	
Ciamatura	
Signature:	
Name (print):	
Name (print).	
Mailing Address:	
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E-mail Address:	