

NON-APPLICANT

Date _____

**Public Hearing/Zoning Section
Los Angeles County Board of Supervisors
Room 383, Kenneth Hahn
Hall of Administration
500 West Temple Street
Los Angeles, California 90012**

**PROJECT
NO.:**

APPLICANT:

LOCATION:

**Zoned
District:**

Related zoning matters:

CUP(s) or VARIANCE No.

Change of Zone Case No.

Subdivision Project: YES _____ NO _____

This is an appeal on the decision of the Regional Planning Commission in the subject case. This form is to be presented in person with a check or money order made payable to the “Board of Supervisors” (check or money order must be presented with personal identification), during regular business hours of 8:00 a.m. to 5:00 p.m. prior to the appeal deadline at the above address. (Appeal fees subject to change). Contact the Zoning Section of the Board of Supervisors for information: (213) 974-1426.

This is to appeal: (Check one)

_____ **The Denial of this request: \$1,104***

_____ **The Approval of this request: \$1,104***

***Except for Subdivision appeals: \$130.00 of this appeal amount is allocated to the Board of Supervisors’ Hearing**

Briefly, explain the reason for the appeal (attach additional information if necessary):

(Signed) Appellant

Print Name

Street Address

City/Zip

Day Time Telephone Number

E-mail Address