

**NON-APPLICANT**

Date \_\_\_\_\_

**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./CUP NO.:**

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**APPLICANT:**

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**LOCATION:**

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**Zoned  
District:**

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**Related zoning matters:**

**CUP(s) or VARIANCE No.**

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**Change of Zone Case No.**

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**Other**

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**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:      \$987.00\***

\_\_\_\_\_ **The Approval of this request:      \$987.00\***

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

