

APPEAL FORM

APPLICANT

SUBDIVISION PROJECT APPEAL: YES _____ NO _____

ADMINISTRATIVE CALIFORNIA ENVIRONMENTAL
QUALITY ACT (CEQA) ONLY APPEAL: YES _____ NO _____

COASTAL DEVELOPMENT PERMIT APPEAL: YES _____ NO _____

DATE: _____

DEPARTMENT: _____

PROJECT NUMBER: _____

APPLICANT NAME: _____

PROJECT LOCATION: _____

ZONED DISTRICT: _____

Related Zoning Matters:

CONDITIONAL USE PERMIT (CUP) NUMBER(S): _____

VARIANCE NO.: _____

ZONE CHANGE NO.: _____

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

This is to appeal: (Check one)

_____ The Denial of this Project: \$11,751*

_____ Two or less conditions of the Project to be listed below: \$1,181*

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*For Subdivision appeals: \$260.00 of this appeal fee amount will be allocated to the Board of Supervisors’ Hearing.

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Briefly, explain the reason for the appeal. Attach additional information if necessary.

x

Appellant Signature

Print Name

Street Address

City/Zip

Day Time Telephone Number

E-mail Address