

# APPEAL FORM NON-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 NUMBER(S): \_\_\_\_\_

ZONE CHANGE NUMBER(S): \_\_\_\_\_

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: \$1,311\*

\_\_\_\_\_ The Approval of this Project: \$1,311\*

\*Except for Subdivision appeals: \$130.00 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.**

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  X   \_\_\_\_\_  
**Appellant Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City/Zip**

\_\_\_\_\_  
**Day Time Telephone Number**

\_\_\_\_\_  
**E-mail Address**