



Appeal of Planning Commission Action to the City Council

Date Stamp – City Clerk’s Office

Name of Appellant: _____
(Print or Type Name)

Address: _____

Application Being Appealed: _____

Applicant (if other than Appellant): _____

Description of Planning Commission Action: _____

_____ Date of Planning Commission Action: _____

Project Location: _____ APN: _____

Is this Project Located in the Coastal Zone? *(Must check one:)* Yes No

Project Description: _____

Reason for Appeal: _____

Appellant’s Signature: _____ Date: _____

Appellant’s Mailing Address: _____

Daytime Phone Number: _____ Email Address: _____

Receipt # for Filing Fee: _____ Date Received by City: _____

Original – City Clerk

Copy – Planning Division

Signature of City Clerk -or- City Clerk’s Representative

\$300.00 Filing Fee per Master Fee Schedule *(9/19/2019)*