



# 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: \_\_\_\_\_

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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 (7/1/2022)