



City of Pacifica APPEAL FORM

INSTRUCTIONS: TO FILE AN APPEAL, COMPLETE THIS FORM AND FILE IT WITH THE CITY CLERK'S OFFICE, CITY HALL, 170 SANTA MARIA AVE, PACIFICA, CA 94044, NO LATER THAN TEN (10) CALENDAR DAYS OF THE DECISION (POSTMARK DATE WILL NOT BE ACCEPTED), TOGETHER WITH ANY REQUIRED APPEAL FEE. YOU WILL BE NOTIFIED IN WRITING OF THE HEARING DATE FOR YOUR APPEAL.

FEES: \$592.00 FOR APPEALS TO CITY COUNCIL (FY 2024-25); \$450 TREE PERMIT APPEAL FEE (FY 2024-25)

APPELLANT: FILL IN BLANKS AND CHECK APPROPRIATE BOXES BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY. (\$592.00 FEE IS REQUIRED PER APPEAL OF PLANNING COMMISSION DECISION(S), IF FILED BY NON-APPLICANT; APPEAL OF PLANNING DIRECTOR / ZONING ADMINISTRATOR ADMINISTRATIVE APPROVALS)

PROPOSED PROJECT:

Title/Name: _____

Address: _____

Applicant/Developer: _____

APPELLANT:

Name: _____

Address: _____

Phone (Day): _____

DECISION OF (check one): **DECISION DATE:** _____ Email Address: _____

Planning Commission Parks, Beaches & Recreation Division City Staff (Title): _____

DECISION AT ISSUE: **APPROVAL** or **DENIAL** of:

- Use Permit Site Development Permit Tentative Subdivision Map Animal Permit
- EIR or Negative Declaration Coastal Development Permit Administrative Decision Variance
- Parking Exception Home Occupation Permit Tree Permit Other _____

DESCRIBE DECISION BEING APPEALED: _____

DESCRIBE GROUNDS FOR APPEAL: _____

APPELLANT'S RELATIONSHIP TO THE ITEM BEING APPEALED? (check one):

Project Applicant Neighbor Concerned Citizen Other _____

APPELLANT'S SIGNATURE: **X** _____ **DATE:** _____

Received By: _____	Fee Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Online
Receipt Date: _____	Receipt # _____