

City of Pacifica **APPEAL FORM**

INSTRUCTIONS: TO FILE AN APPEAL, COMPLETE THIS F ORM AND FILE IT WITH THE CITY CLERK'S OFFICE, CITY HALL, 540 CRESPI DRIVE, 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: \$577.00 FOR APPEALS TO CITY COUNCIL (Fiscal Year 2023-2024)

APPELLANT: FILL IN BLANKS AND CHECK APPROPRIATE BOXES BELOW. ATTACH ADDITIONAL SHEETS IF NECESSARY. (\$577.00 FEE IS REQUIRED PER APPEAL OF PLANNING COMMISSION DECISION(S), IF FILED BY NON-APPLICANT; TREE PERMIT APPEALS; APPEAL OF PLANNING DIRECTOR/ZONING ADMINISTRATOR ADMINISTRATIVE APPROVALS)

PROPOSED PROJECT:	APPELLANT:
Title/Name:	_ Name:
Address:	_ Address:
Applicant/Developer:	_ 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 Permi	t
☐ EIR or Negative Declaration ☐ Coastal Development Pe	rmit 🗖 Administrative Decision 💢 Variance
☐ Parking Exception ☐ Home Occupation Permi	t
DESCRIBE DECISION BEING APPEALED:	
DESCRIBE GROUNDS FOR APPEAL:	
DESCRIBE GROONDS FOR ALTERE.	
APPELLANT'S RELATIONSHIP TO THE ITEM BEING APPEALED? (check one):	
□ Project Applicant □ Neighbor □ Concerned Citizen □ Other	
Troject Applicant	
APPELLANT'S SIGNATURE: X	<u> </u>
Received By:	Fee Paid: 🗆 Cash 🗖 Check 🗖 Online
Receipt Date:	Receipt #