



**APPEAL OF: (PERMIT NUMBER(S) OF ALL APPLICABLE CASES)**

**PROPERTY INFORMATION:**

NAME OF BUSINESS OR PROJECT

STREET ADDRESS(ES)

**APPEALING THE DECISION OF THE (PLEASE CHECK):**

- PLANNING COMMISSION
  DIRECTOR OF COMMUNITY DEVELOPMENT  
 HISTORIC PRESERVATION COMMISSION

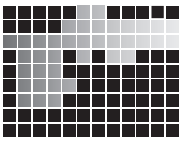
**REASON FOR APPEAL:** An appeal must be filed in compliance with Zoning Ordinance Chapter 19.76. All objections that will be raised at the hearing must be included in the appeal packet. Objections must fall into one or more of the following classifications (please check the appropriate categories):

- New information
  Inaccurate or unsupported findings and/or inadequate or excessive conditions by the decision making body, per Resolution(s):  
 Technical errors; errors of fact
- \_\_\_\_\_ (refer to Resolution number(s))

**DIRECTIONS:** Please use the following guidelines in preparing your appeal. Appeal forms that do not conform to the following instructions by 5:00 P.M. on the tenth (10th) calendar day following the decision will not be accepted.

- State each objection clearly and specifically. FOR EXAMPLE, rather than stating "The project does not comply with the City's zoning ordinance," an application should state that "The project does not comply with Section 19.10.030 of the zoning ordinance regarding permitted uses in CN zones because dry cleaning plants are not listed as an allowable use in this zone." The latter is preferred because it is precise and illuminates relevant information.
- Include all relevant evidence and/or summary of why the evidence submitted is inadequate to support the decision.
- Appeals SHOULD NOT include:
  - Inquiries concerning the project. Any questions should be directed to staff members.
  - Complaints that are not related to the project.
  - Items that are determined by another jurisdiction - such as the County Health Department
- Include the payment for the appeal unless an appeal petition form is completed and submitted.

[continued]



**SUMMARY OF APPEAL:** (Attach any additional pages of your appeal statement to this sheet)

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**DECLARATION STATEMENT**

I hereby declare, and will testify in a court of law, that everything in this application is true and correct to the best of my knowledge. I admit to committing an act of perjury should this not be true.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Return To: City of West Hollywood  
Office of the City Clerk  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069

Appellant Name: (print) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (     ) \_\_\_\_\_



# Appeal Application

## PETITION FORM

To waive appeal fees, a minimum of fifty (50) signatures is required from any individual who resides in the City, or owns property or a business in the City of West Hollywood, California. (Note: Original signatures must be collected on this form in order to waive fees. Faxed or copied forms will not be accepted. All information requested below must be completely filled in.)

PERMIT NUMBERS: \_\_\_\_\_  
PROJECT ADDRESS OF APPEAL: \_\_\_\_\_

I hereby declare under penalty of perjury, that I have read everything on the attached Appeal form. I am (check one):

West Hollywood Resident - Street Address: \_\_\_\_\_  
 West Hollywood Property Owner - Street Address: \_\_\_\_\_  
 West Hollywood Business Owner - Street Address: \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 STREET ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
 CITY, STATE AND ZIP CODE \_\_\_\_\_

I hereby declare under penalty of perjury, that I have read everything on the attached Appeal form. I am (check one):

West Hollywood Resident - Street Address: \_\_\_\_\_  
 West Hollywood Property Owner - Street Address: \_\_\_\_\_  
 West Hollywood Business Owner - Street Address: \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 STREET ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
 CITY, STATE AND ZIP CODE \_\_\_\_\_

I hereby declare under penalty of perjury, that I have read everything on the attached Appeal form. I am (check one):

West Hollywood Resident - Street Address: \_\_\_\_\_  
 West Hollywood Property Owner - Street Address: \_\_\_\_\_  
 West Hollywood Business Owner - Street Address: \_\_\_\_\_

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 STREET ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_  
 CITY, STATE AND ZIP CODE \_\_\_\_\_