



# Los Angeles County Department of Regional Planning

*Planning for the Challenges Ahead*



Jon Sanabria  
Acting Director of Planning

## REGIONAL PLANNING COMMISSION APPEAL FORM

DATE: \_\_\_\_\_

TO: Ms. Rosie Ruiz  
Regional Planning Commission Secretary  
Department of Regional Planning  
County of Los Angeles  
320 W. Temple Avenue, Room 1350  
Los Angeles, California 90012

FROM: \_\_\_\_\_  
Name

SUBJECT: Project Number(s): \_\_\_\_\_  
Case Number(s): \_\_\_\_\_  
Case Planner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Assessors Parcel Number: \_\_\_\_\_  
Zoned District: \_\_\_\_\_

Entitlement Requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Related Zoning Matters:

Tentative Tract/Parcel Map No.	
CUP, VAR or Oak Tree No.	
Change of Zone Case No.	
Other	

(Reverse)

I am appealing the decision of (check one and fill in the underlying information):

Decision Date:  **Director** \_\_\_\_\_ Public Hearing Date:  **Hearing Officer** \_\_\_\_\_  
Hearing Officer's Name: \_\_\_\_\_  
Agenda Item Number: \_\_\_\_\_

The following decision is being appealed (check all that apply):

- The Denial of this request
- The Approval of this request
- The following conditions of approval:

\_\_\_\_\_ List conditions here \_\_\_\_\_

The reason for this appeal is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you the applicant for the subject case(s) (check one)?  YES  NO

Submitted herewith is a check or money order for the amount of \$ 1,352\* (if applicant) \$677\* (if non-applicant).

Appellant (Signature) \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Day Time Telephone No. \_\_\_\_\_

\*Fee subject to change.