# 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:**

<table>
<thead>
<tr>
<th>Tentative Tract/Parcel Map No.</th>
<th>CUP, VAR or Oak Tree No.</th>
</tr>
</thead>
<tbody>
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<tr>
<th>Change of Zone Case No.</th>
<th>Other</th>
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</table>

320 West Temple Street • Los Angeles, CA 90012 • 213-974-6411 • Fax: 213-626-0434 • TDD: 213-617-2292
I am appealing the decision of (check one and fill in the underlying information):

☐ Director  ☐ Hearing Officer

Decision Date: ____________________________ Public Hearing Date: ____________________________

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 due, as indicated on the Fee Schedule on the Los Angeles County Department of Regional Planning’s website.

Appellant (Signature) ________________________________________________________________
Print Name

Address

Day Time Telephone No.

*Fee subject to change.