



Los Angeles County Department of Regional Planning

Planning for the Challenges Ahead



Amy J. Bodek, AICP
Director

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	

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.