

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

TO: Ms. Elida Luna  
Regional Planning Commission Secretary  
Department of Regional Planning  
County of Los Angeles  
320 W. Temple Avenue, Room  
1350 Los Angeles, CA 90012  
[appeal@planning.lacounty.gov](mailto:appeal@planning.lacounty.gov)

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

SUBJECT:

Project Number(s): \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Case Planner: \_\_\_\_\_

Address: \_\_\_\_\_

Assessor Parcel Number: \_\_\_\_\_

Planning Area: \_\_\_\_\_

Entitlement Requested:

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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 No.: \_\_\_\_\_

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 appeal is as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you the applicant for the subject case(s) (check one)?  Yes  No

The appeal filing fee as indicated on the Fee Schedule (<https://planning.lacounty.gov/fees>) may be paid online via Epic LA (<https://epicla.lacounty.gov/SelfService/#/home>), or submitted herein (cash, check, credit card or money order). Make checks payable to Los Angeles County.

Appellant Signature

Print Name

Address

Email

Day Time Telephone No.