For best results, download this form (Right Click > Save As...) before filling and printing.

PRINT

CLEAR

760 Mattie Road, Pismo Beach, CA 93449
(805) 773-4657 | PismoBeach.org

APPEAL OF PLANNING COMMISSION DECISION

*Procedural information: Appeals must be filed with the City Clerk's Office before 5:00 p.m. on the tenth (10th) working day following the Planning Commission action being appealed. The fee for all appeals is **$1,013.86** (City fee S-037), except appeals of Coastal Development Permits (CDPs) only. Late or facially incomplete appeal forms will not be accepted.*

READ BEFORE FILING: The Municipal Code provides that the written appeal shall include a description of the nature and reasons for the appeal. You should provide enough detail as to the basis for your appeal for the City Council to understand the grounds for your appeal. While you will have a limited opportunity to provide oral argument on the appeal, adding additional bases or information at the appeal hearing may not provide the City Council sufficient information or time to fully consider your appeal, which may impact the City Council's decision on the appeal. Single-sentence statements of appeal or appeals stated in generalities are therefore disfavored and may be denied by the City Council.

1. **Project Information:** (**REQUIRED**)

CITY PROJECT FILE NUMBER (e.g. P26-000123) _____

DATE OF PLANNING COMMISSION ACTION _____

PROJECT ADDRESS / ASSESSOR'S PARCEL NUMBER

_____

TYPE OF ACTION(S) BEING APPEALED

- ☐ Architectural Review Permit (ARP)
- ☐ Coastal Development Permit (CDP)
- ☐ Conditional Use Permit (CUP)
- ☐ Decision on Appeal of Staff Determination
- ☐ Environmental Determination
- ☐ Major Modification
- ☐ Tentative Tract (Subdivision) Map
- ☐ Tentative Parcel Map
- ☐ Time Extension
- ☐ Sign Permit Approval
- ☐ Variance
- ☐ Other (specify) _____

STAFF USE ONLY

DATE RECEIVED
BY CITY CLERK'S
OFFICE

Intake by

_____

- ☐ Filed within ten working days
- ☐ Type of permit(s) being appealed is identified
- ☐ Specific basis for appeal is identified
- ☐ Form is signed by appellant
- ☐ $1,013.86 fee paid *OR* ☐ Fee waived for appeal of a CDP only
- ☐ Check ☐ Cash ☐ Card Receipt# _____

2. **Specific Basis for Appeal** — Complete page 2 of this form, or attach a separate page. (**REQUIRED**)

3. **Appellant Information:** (**REQUIRED**)

PRINT NAME _____

MAILING ADDRESS _____

PHONE NUMBER _____ EMAIL ADDRESS _____

_____ _____

SIGNATURE OF APPELLANT DATE

SPECIFIC BASIS FOR APPEAL (REQUIRED)

Complete this page or attach a separate narrative. Refer to the top of page 1 for requirements.