NONTERED CALLED

NOTICE OF APPEAL

Monterey County Code Title 19 (Subdivisions) Title 20 (Zoning) Title 21 (Zoning)

		been given. If you wish to file an appeal, you must after written notice of the decision has been mailed
to the applicant).	(10 days	arter written notice of the decision has been maried
Date of decision:		
Appellant Name:		
Address:		
Telephone:		
2. Indicate your interest in the decision by place	ncing a check mark bel	ow:
Applicant		
Neighbor		
Other (please state)		
3. If you are not the applicant, please give the	applicant's name:	
4. Fill in the file number of the application tha	at is the subject of this	appeal below:
Type of A	Application	Area
a) Planning Commission: PLN		
b) Zoning Administrator: PLN		
c) Administrative Permit: PLN		
Notice of Appeal		
5. What is the nature of your appeal?		
a) Are you appealing the approval or	r denial of an applicati	on?

6	. Place a check mark beside the reason(s) for your appeal:	
	There was a lack of fair or impartial hearing The findings or decision or conditions are not supported by the The decision was contrary to law	evidence
7	Give a brief and specific statement in support of each of the rea Supervisors will not accept an application for an appeal that is sappealing specific conditions, you must list the number of each extra sheets if necessary)	stated in generalities, legal or otherwise. If you are
8	. As part of the application approval or denial process, findings Commission, Zoning Administrator, or Chief of Planning). In reasons why you disagree with the findings made. (Attach extra	order to file a valid appeal, you must give specific
9.	You must pay the required filing fee of \$3,716.10 (make check file your appeal. (Please note that appeals of projects in the Co	
10	Your appeal is accepted when the Clerk to the Board accepts the fee. Once the appeal has been accepted, the Clerk to the Board before the Board of Supervisors.	
the and acco	appeal and applicable filing fee must be delivered to the Claappeal and filing fee will be accepted only if it is received by applicable filing fee should be mailed to PO Box 1728, Salin epted only if the hard copy of the appeal and applicable filing he deadline.	Clerk of the Board by the deadline. The appeal as CA 93902. A facsimile copy of the appeal will be
	APPELLANT SIGNATURE	Date:
	RECEIVED SIGNATURE	Date:

If you are appealing one or more conditions of approval, list the condition number and state the condition(s) you are appealing. (Attach extra sheet if necessary)

b)