

## APPEAL APPLICATION FORM

Pursuant to Chula Vista Municipal Code Chapter 19.14, an interested party may file an appeal of an original decision made by the Zoning Administrator or the Planning Commission. All appeal filings must be complete and must be timely and duly filed with the City Clerk's office at (276 Fourth Avenue, Chula Vista, CA 91910). All appeals must be filed within 10 business days of the original decision's date, and all fees must be paid in advance of this deadline. If a timely and valid appeal form is filed with the City Clerk's office and all fees paid, city staff will confirm a hearing date within 30 days of receipt. The hearing for the appeal will occur no later than 60 days from the date of receipt of the appeal.

Project Information:		
Name:	Phone ()	
Address:		
Name of Project:	Parcel Number:	
Project Address:		
Project Description:		
(Examp	ole: variance, conditional use perm	it, design review etc.)
Date of Decision:/	$\square$ Zoning Administrator	☐ Planning Commission
Interested Party:		
Definition: MC 19.04.002: "Interest representative, appeared at a public comments via U.S. Mail, e-comment City in connection with a decision applicant for a permit.  ☐ Applicant ☐ Present at Public He Grounds for Appeal:	olic hearing of the City of Ch t via U.S. Mail, e-comment or e or action appealed. "Interest p	ula Vista, or made written electronic mail (email) to the party" shall also include the
Grounds for appeal must be based of Factual Error The statements or approving, conditionally approving, approving New Information New Information was not available through that personal decision; or Findings Not Supported The decision approve, or deny the permit, map, or provided to the decision maker.	evidence relied upon by the decordenying a permit, map, or otlon is available to the applicant con's reasonable efforts or due dision maker's stated findings to	ision maker when the matter was inaccurate; or the interested person that iligence at the time of the approve, conditionally



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Specific Claims of Appeal:	
A detailed response must refer to at least one of the rea proof of the facts and circumstances on which the claim	
Use the space below to provide a response. Attach addit	tional sheets, if necessary.
Signature of Appellant:	
CITY STAFF US	E ONLY
	STAFF USE ONLY  Date Received:  Fee:
Development Services Department	Receipt #
City Clerk	Project #