



INLAND APPEAL FORM

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING
 976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

Promoting the Wise Use of Land • Helping to Build Great Communities

Many actions taken by the Department of Planning and Building staff, Building Official may be appealed. Actions by the Planning Department Hearing Officer, Subdivision Review Board, or Planning Commission, to approve or deny a permit application, may be appealed by the applicant or member of the public.

If you wish to appeal a decision, a signed appeal form must be completed and received by the Records Management Division accompanied by the required fee no later than 14 calendar days after the action, or 7 calendar days after the approval of a "Site Plan" type of land use permit.

Please state the reasons for your appeal as clearly as possible, setting out all of the facts, conditions, and considerations concerning your case under the section entitled "Basis for Appeal" on the form. You may, if you wish, submit a more detailed letter in addition to the required form.

After an appeal has been filed, staff will prepare a response and schedule an appeal hearing. The Planning Commission, Board of Supervisors or other Review Authority, as specified under the appropriate Ordinance, will hold the hearing. You will be notified by mail of the date, time and place of the hearing. It is best that you attend the scheduled appeal hearing so that you may answer any questions that may arise concerning the application and the appeal.

FEES

When an appeal is requested the following fees apply, depending on which Review Authority you are before, and what type of application you are processing. The fees cover the cost of advertising and mailing, as well as staff evaluation of the appeal and staff report preparation.

APPEALED FROM	APPEALED TO	FEE
Staff Curb, Gutter & Sidewalk Waiver- f If waiver is denied	Board of Supervisors	\$ 383.00
Planning Director Interpretation	Planning Commission	\$ 850.00
Planning Director Public Facilities Fees	Board of Supervisors	\$ 850.00
Planning Director Growth Management Ordinance	Planning Commission	\$ 850.00 + RTB
Building Official	Board of Construction Appeals Board of Handicapped Access	\$ 850.00
Subdivision Review Board	Board of Supervisors	\$ 850.00
Hearing Officer	Board of Supervisors	\$ 850.00
Planning Commission	Board of Supervisors	\$ 850.00

* RTB means the applicant will be billed for costs in excess of fees collected

If you have any questions, please contact the Records Management Division at (805) 781-5600



INLAND APPEAL FORM

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING
976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

Promoting the Wise Use of Land • Helping to Build Great Communities

Please Note: An appeal should be filed by an aggrieved person or the applicant at each stage in the process if they are still unsatisfied by the last action.

PROJECT INFORMATION Name: _____ File Number: _____

Type of permit being appealed:

- Plot Plan Site Plan Minor Use Permit Development Plan/Conditional Use Permit
- Variance Land Division Lot Line Adjustment Other: _____

The decision was made by:

- Planning Director (Staff) Building Official Planning Department Hearing Officer
- Subdivision Review Board Planning Commission Other _____

Date the application was acted on: _____

The decision is appealed to:

- Board of Construction Appeals Board of Handicapped Access
- Planning Commission Board of Supervisors

BASIS FOR APPEAL

State the basis of the appeal. Clearly state the reasons for the appeal. In the case of a Construction Code Appeal, note specific code name and sections disputed). (Attach additional sheets if necessary)

List any conditions that are being appealed and give reasons why you think it should be modified or removed.

Condition Number _____ Reason for appeal (attach additional sheets if necessary)

APPELLANT INFORMATION

Print name: _____

Address: _____

Phone Number (daytime): _____

We have completed this form accurately and declare all statements made here are true.

Signature

Date

OFFICE USE ONLY

Date Received: _____

By: _____

Amount Paid: _____

Receipt No. (if applicable): _____