



# CITY OF LOS ALAMITOS

## APPEAL FORM AND HANDOUT

City Clerk's Office  
3191 Katella Ave., Los Alamitos, CA 90720-5600  
Phone: (562) 431-3538 Fax: (562) 493-0678

**FOR OFFICE USE ONLY**  
  
(DATE STAMP)

*Any final determination by the Planning Commission may be appealed to the City Council, and must be done so in writing at the City Clerk's office, within ten (10) business days after the Planning Commission decision in accordance with Los Alamitos Municipal Code Section 17.60 and the current Fee Resolution.*

- APPEAL OF:**
- Director of Development Services Decision
    - Non-resident (\$591.00)     Resident (\$591.00)
  - Planning Commission Decision
    - Non-resident (\$1,696.00)     Resident (\$1,696.00)

Type of Permit (example: CUP, SPR, etc.): \_\_\_\_\_ Permit Number: \_\_\_\_\_

Address of Project: \_\_\_\_\_ Decision Date: \_\_\_\_\_

### APPELLANT INFORMATION

Name of Applicant (Appellant): \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

In what capacity is the appellant filing?     Recorded Property Owner     Interested Party     Effected Party

### PROPERTY OWNER INFORMATION (IF KNOWN)

Name of Property Owner: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Describe what portion(s) of the decision you are appealing: \_\_\_\_\_

Describe the Purpose for Your Appeal (be specific): \_\_\_\_\_

### APPLICANT CERTIFICATION:

*I hereby certify that all information contained in this application is, to the best of my knowledge, true and correct. FALSE OR MISLEADING INFORMATION GIVEN IN THIS APPLICATION SHALL BE GROUNDS FOR DENYING APPLICATION. I hereby grant the City authority to post required public notices.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_