



CITY OF LA CAÑADA FLINTRIDGE APPEAL APPLICATION

SUBJECT OF APPEAL

TYPE OF PERMIT _____

CASE NUMBER(S) _____

PROPERTY ADDRESS/ _____
(Please describe the location if in the Public Right-Of-Way)

DATE THE DECISION BEING APPEALED WAS RENDERED _____

APPELLANT INFORMATION

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

APPEAL REQUEST

In accordance with the procedures set forth in the Municipal Code of the City of La Cañada Flintridge, I hereby appeal the decision of the following review authority in the case:

- | | |
|--|---|
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Design Commission |
| <input type="checkbox"/> Community Development Director Review | <input type="checkbox"/> Administrative Hearing Officer |
-

- | | |
|---|--|
| <input type="checkbox"/> Public Works Director Review | <input type="checkbox"/> Public Works & Traffic Commission |
|---|--|
-

- City Manager
-

SIGNATURE

The appellant hereby declares under penalty of perjury that all the information submitted for this appeal is true and correct.

Appellant Signature

Date

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INSTRUCTIONS AND FILING REQUIREMENTS WORKSHEET

REASON FOR APPEAL (Attach extra sheets providing your reasons for the appeal if needed)

Are specific conditions of approval being appealed?

Yes

No

If Yes, list the condition number(s) here: _____

ADDITIONAL FILING INFORMATION

In order for an appeal to be processed without delay, a complete and descript application, with payment, is required at time of submittal. Please note that a staff member may contact you if additional information is necessary.

For Office Use Only

Completed appeal application form

Filing fee

Reason for Appeal

Date Filed _____ Receipt No. _____ Amount\$ _____ Received By _____