



City of
Santa Monica

City of
Santa Monica

Planning and Community Development Department
City Planning Division
(310) 458-8341

APPEAL FORM

(Please Type or Print all Information)

Application Number

Filed: _____

By: _____

APPELLANT NAME: _____

APPELLANT ADDRESS: _____

CONTACT PERSON: _____ Phone: _____

(all correspondence will be mailed to this address)

Address: _____

PROJECT CASE NUMBER(S) : _____

PROJECT ADDRESS: _____

APPLICANT: _____

ORIGINAL HEARING DATE: _____

ACTION BEING APPEALED: _____

Please state the specific reason(s) for the appeal (use separate sheet if necessary):

Is the appeal related to the discretionary action and findings issued for the proposed project? ___ Yes ___ No If yes, explain:

Is the appeal related to the conditions of approval? ___ Yes ___ No If yes, which conditions and why:

Is the appeal related to design issues? ___ Yes ___ No If yes, explain:

Is the appeal related to compatibility issues such as building height, massing, pedestrian orientation, etc.? ___ Yes ___ No If yes, explain:

Is the appeal related to non-compliance with the Santa Monica Municipal Code? ___ Yes ___ No If yes, which Code section(s) does the project not comply with and why:

Is the appeal related to environmental impacts associated with the project? ___ Yes ___ No If yes, explain:

Is the appeal related to other issues? ___ Yes ___ No If yes, explain:

APPELLANT SIGNATURE: _____

NOTE: A hearing date on the appeal will not be scheduled until sufficient information regarding the basis for the appeal has been received to enable City Planning Division staff to prepare the required analysis for the staff report.