



# COASTAL APPEALABLE 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. In the Coastal Zone, many actions can also be appealed to the California Coastal Commission.

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 hearing will be held by the Planning Commission, Board of Supervisors or other Review Authority whichever is so specified under the appropriate Ordinance. 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.

If you are filing an appeal in the Coastal Zone on development not appealable to the California Coastal Commission or on appealable development that is not based upon specific Coastal Act grounds please use the **Coastal Appeal Form**. If however you wish to appeal an appealable coastal project based upon Coastal Zone grounds then you must use the form entitled **Coastal Appealable Form**.

## 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.

Pursuant to Department policy and Footnote 6 of the Department Fee Schedule, the appeal fee is waived for appeals of appealable coastal projects that are based on Coastal Zone grounds.

APPEALED FROM	APPEALED TO	FEE
<b>Staff</b> Curb, Gutter & Sidewalk Waiver- \$ If waiver is denied	<b>Board of Supervisors</b>	\$ 386.00
<b>Planning Director</b> Interpretation	<b>Planning Commission</b>	\$ 850.00
<b>Planning Director</b> Public Facilities Fees	<b>Board of Supervisors</b>	\$ 850.00
<b>Planning Director</b> Growth Management Ordinance	<b>Planning Commission</b>	\$ 850.00 + RTB
<b>Building Official</b>	<b>Board of Construction Appeals</b> <b>Board of Handicapped Access</b>	\$ 850.00
<b>Subdivision Review Board</b>	<b>Board of Supervisors</b>	\$ 850.00
<b>Hearing Officer</b>	<b>Board of Supervisors</b>	\$ 850.00
<b>Planning Commission</b>	<b>Board of Supervisors</b>	\$ 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.



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**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**

**INCOMPATIBLE WITH THE LCP.** The development does not conform to the standards set forth in the Certified Local Coastal Program of the county for the following reasons (attach additional sheets if necessary)  
Explain: \_\_\_\_\_

**INCOMPATIBLE WITH PUBLIC ACCESS POLICIES.** The development does not conform to the public access policies of the California Coastal Act – Section 30210 et seq of the Public Resource Code (attach additional sheets if necessary).  
Explain: \_\_\_\_\_

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): \_\_\_\_\_

I/We are the applicant or an aggrieved person pursuant to the Coastal Zone Land Use Ordinance (CZLUO) and are appealing the project based on either one or both of the grounds specified in this form, as set forth in the CZLUO and State Public Resource Code Section 30603 and have completed this form accurately and declare all statements made here are true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_



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- 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)

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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)

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**APPELLANT INFORMATION**

Print name: \_\_\_\_\_

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

Phone Number (daytime): \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Receipt No. (if applicable): \_\_\_\_\_