



**COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
INLAND APPEAL FORM**

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

To file an appeal, a completed original appeal form must be submitted to the Records Management Division, along with the required fee, no later than 14 calendar days following the date of the action. For "Site Plan" land use permits, the appeal period is 7 calendar days after the approval. Appeals may be submitted in person or emailed to the Department at planning@co.slo.ca.us within the applicable appeal period.

Please clearly state the reasons for your appeal in the "Basis for Appeal" section of the form, including all relevant facts, conditions, and considerations. You may also submit a supplemental letter providing additional detail, if desired.

Once an appeal has been filed, staff will prepare a response and schedule the matter for an appeal hearing. The Planning Commission, Board of Supervisors, or other designated Review Authority, as specified in the applicable ordinance, will conduct the hearing. You will be notified by mail of the date, time, and location of the hearing. Attendance is strongly encouraged so you may respond to questions or provide clarification related to the application and the appeal.

FEES

When an appeal is filed, the applicable fee will depend on the designated Review Authority and the type of application under consideration. Appeal fees cover the costs associated with public noticing and mailing requirements, as well as staff time for evaluating the appeal, preparing the staff report, and presenting the item at the scheduled hearing.

APPEALED FROM	APPEALED TO	FEE
Staff Curb, Gutter & Sidewalk Waiver If waiver is denied	Board of Supervisors	\$2,000 & TSF
Planning Director Interpretation	Planning Commission	\$2,000
Planning Director Public Facilities Fees	Board of Supervisors	TBD through annual review of program
Planning Director Growth Management Ordinance	Planning Commission	\$2,000 & TSF and RTB ¹
Building Official	Board of Construction Appeals Board of Handicapped Access	\$2,000 & TSF
Subdivision Review Board	Board of Supervisors	\$2,000 & TSF
Planning Department Hearing Officer	Board of Supervisors	\$2,000 & TSF
Planning Commission	Board of Supervisors	\$2,000 & TSF

*TSF - Technology Service Fee

**RTB - Indicates that the Applicant will be billed for any costs that exceed the fees collected

If you have any questions, please contact the Records Management Division by email at planning@co.slo.ca.us or by phone at (805) 781-5600.
Please Note: An appeal must be filed by an aggrieved person or the applicant at each stage of the review process if they remain dissatisfied with the most recent decision or action.

¹ Pursuant to County Code Section **26.01.060**



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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: _____

Mailing Address: _____

Phone Number (daytime): _____

I certify that this form has been completed accurately and that all statements made herein are true and correct to the best of my knowledge.

Signature

Date

OFFICE USE ONLY

Date Received: _____ By: _____

Amount Paid: _____ Receipt No. (if applicable): _____