



CITY OF LONG BEACH

DEPARTMENT OF DEVELOPMENT SERVICES

333 West Ocean Blvd., 5th Floor Long Beach, CA 90802 (562) 570-6194 FAX (562) 570-6068

APPLICATION FOR APPEAL

An appeal is hereby made to Your Honorable Body from the decision of the

<input type="checkbox"/> Zoning Administrator	on the _____ day of _____, 20 ____
<input type="checkbox"/> Planning Commission	
<input type="checkbox"/> Cultural Heritage Commission	
<input type="checkbox"/> Site Plan Review Committee	

Appellant(s): _____

Project Address: _____

Reasons for Appeal: _____

Your appellant herein respectfully requests that Your Honorable Body reject the decision and	<input type="checkbox"/> Approve	this application.
	<input type="checkbox"/> Deny	

	Appellant 1	Appellant 2
Name:		
Address:		
City/ZIP:		
Phone:		
Signature:		
Date:		

Attach additional sheets if necessary for further appellants.

Appeals must be filed within 10 days after the decision is made (LBMC 21.21.502).

(Staff Use Only Below This Line)

Received by: _____ App. No.: _____ Filing Date: _____

Materials Required: Plans Photographs Special Materials

Fee: _____ Fee Paid Project (receipt) No.: _____