

**APPLICANT**

Date \_\_\_\_\_

**Zoning Section  
Los Angeles County Board of Supervisors  
Room 383, Kenneth Hahn  
Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012**

**PROJECT  
NO/CUP NO.:**

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**APPLICANT:**

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**LOCATION:**

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**Zoned  
District**

**Related zoning matters:**

**CUP(s) or VARIANCE No.**

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**Change of Zone Case No.**

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**Other**

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**This is an appeal on the decision of the Regional Planning Commission in the subject case. This form is to be presented with a check or money order, payable to the Board of Supervisors, along with personal identification, prior to the appeal deadline at 5:00 p.m. at the above address. (Appeal fees subject to change) Contact the Zoning section of the Board of Supervisors for more information: (213) 974-1426.**

**This is to appeal: (Check one)**

\_\_\_\_\_ **The Denial of this request \$7,571\* OR**

\_\_\_\_\_ **2 or less conditions of the Project to be listed below: \$883.00\***

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**\*For Subdivisions \$260.00 of this amount is to cover the cost of the hearing by the Board of Supervisors**

**Briefly, explain the reason for this appeal is as follows (attach additional information if necessary):**

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**<sup>x</sup>**  
**(Signed) Appellant**

**Print Name**

**Street Address**

**City/Zip**

**Day Time Telephone Number**

**Email address**