

APPEAL TO THE BOARD OF SUPERVISORS
COUNTY OF SANTA BARBARA

Submit to: Clerk of the Board
County Administration Building
105 E. Anapamu Street, Suite 407
Santa Barbara, CA 93101

2011 DEC 16 PM 2:58

COUNTY OF SANTA BARBARA
CLERK OF THE
BOARD OF SUPERVISORS

RE: Project Title S.B.C. Student Housing Cooperative Change of use
Case Number 10DVP-00000-00019 10CUP-00000-00033 10CAP-00000-00002
Tract/ APN Number 075 1020-037
Date of action taken by Planning Commission, Zoning Administrator, or Surveyor 12/07/11

I hereby appeal the Approval w/condition of the Planning Commission
(approval/ approval with conditions/ or denial) (Planning Commission/ Zoning Administrator/ or County Surveyor)

Please state specifically wherein the decision of the Planning Commission, Zoning Administrator, or Surveyor is not in accord with the purposes of the appropriate zoning ordinance (one of either Articles I, II, III, or IV), or wherein it is claimed that there was an error or an abuse of discretion by the Planning Commission, Zoning Administrator, or Surveyor. {References: Article I, 21-71.4; Article II 35-182.3, 2; Article III 25-327.2, 2; Article IV 35-475.3, 2}

Attach additional documentation, or state below the reason(s) for this appeal.

Number of bedrooms - development in the side-rear-front
Meeting Room within the proposed student housing
off-site parking - ADDL documents may follow

SANTA BARBARA COUNTY
PLANNING & DEVELOPMENT
MANAGEMENT
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DEC 19 PM 3:12

Specific conditions being appealed are:
AS STATED ABOVE & off-site parking is not compliant with
Coastal Commission Special Condition #14 of the UCSB San Clemente Project

Name of Appellant (please print): Craig Beyer

Address: 6555 PANDACC RD
(Street, Apt #)
ISLA VISTA CA 93117
(City/ State/ Zip Code)
EMAIL CG@CSS.SBCORMAIL.COM
Daytime 805-968-3116
(Telephone)

Appellant is (check one): Applicant Agent for Applicant Third Party Agent for Third Party

Fee \$ _____ {Fees are set annually by the Board of Supervisors. For current fees or breakdown, contact Planning & Development or Clerk of the Board. Check should be made payable "County of Santa Barbara".}

Signature: [Signature] Date: 12/14/11

FOR OFFICE USE ONLY
Hearing set for: _____ Date Received: _____ By: _____ File No. _____