

**APPEAL TO THE BOARD OF SUPERVISORS
COUNTY OF SANTA BARBARA**

Submit to: Clerk of the Board
County Administration Building
105 East Anapamu Street, Room 407
Santa Barbara, CA 93101

RE: Project Title _____

Case No. _____

Tract No. _____

Date of Planning Commission or Zoning Administrator Action _____

I hereby appeal the _____ approval, _____ approval w/conditions, _____ denial of the _____ Planning Commission, _____ Zoning Administrator on the above project.

Please state specifically wherein the decision of the Planning Commission or Zoning Administrator is not in accord with the purposes of the appropriate zoning ordinance (one of either Articles II, III or IV), or wherein it is claimed that there was an error or an abuse of discretion by the Planning Commission or Zoning Administrator. [References: Article II 35-182.3, 2; Article III 25-327.3, 2; Article IV 35-475.3. 2]

My reasons for this appeal are: (additional material may be attached)

- 1. _____
- 2. _____

3. Specific conditions imposed which I wish to appeal are:

- a. _____
- b. _____
- c. _____
- d. _____

4. Fee: _____ Check should be made payable to "County of Santa Barbara." Fees are set annually by the Board of Supervisors. For a breakdown of fees, see the Clerk of the Board or Resource Management Department.

5. Name: _____ Please Print

6. Signature: _____

7. Address: _____ Street

_____ City, State _____ Zip _____ Telephone

8. Please check applicable boxes: Appellant is —
Applicant Agent for Applicant Aggrieved Person Agent for Aggrieved Person

FOR OFFICE USE ONLY

Hearing set for: _____

Date Received: _____

By: _____

File No.: _____