



STATEMENT OF APPEAL
City of Santa Paula
Planning Division
www.spcity.org

Return this form along with the appropriate payments to the City Clerk’s office within the required time limit.

APPELLANTS INFORMATION

Name:	_____		
Address:	_____		
APN No:	_____	Email:	_____
Telephone #:	_____	Business #:	_____

2. This application is to appeal a decision made by the: (check one)

- Planning Commission *(appeal to City Council deposit \$5,000)*
- Historic Preservation Commission *(appeal to City Council deposit \$5,000)*

Please note that the fees for all appeals requiring a public hearing will include a deposit of \$2,000 for Legal Advertising costs for the Public Hearing, a \$1,000 deposit for Attorney’s costs, and an \$11 Technology Fee.

3. The decision being appealed was rendered on: _____

4. The matter being appealed is project number: _____

5. Describe the request or project considered: _____

6. The decision being appealed was as follows: _____

7. Please state the reasons for your appeal: _____

8. I request that the City Council take the following action:

Appellant's Name (Print)

Appellant's Signature

9. Were you also a party in the application being appealed?: yes_____ no_____

This appeal and the filing fee were received by the City Clerk within the required 10-days following the decision being appealed.

Dated this _____ day of _____, 20__

City Clerk

City Clerk - signature