



APPEAL FORM

NOTICE! THIS FORM MUST BE FILED WITHIN TEN (10) DAYS OF THE STATED ACTION IN ORDER TO BE VALID

APPEAL FEE: \$ _____

RECEIPT # _____ **(NON-REFUNDABLE)**

DATE OF STATED ACTION: ____/____/____ (DATE RECEIVED)

FILE NUMBER: _____

APPELLANT NAME: _____

MAILING ADDRESS: _____

I hereby appeal to the City of Big Bear Lake:

Planning Commission, from action by: Planning Division

City Council, from action by: Planning Commission City Engineer

PROPERTY ADDRESS: _____ APN# ____/____/____

STATE EXACTLY WHAT IS BEING APPEALED: _____

REASON FOR APPEAL: (State why you are appealing. Be specific. Attach supporting documentation. What issues are raised by the appeal? Conditions imposed are excessive or not needed. New facts.)

City Council Policy Resolution Number 85-9. If the appeal is based on new or additional information that was not presented to staff or the Planning Commission, then such appeal hearing shall terminate and be continued for rehearing before the Planning Division or Planning Commission, as the case may be. If you agree to a rehearing without referral from appeal hearing, please designate your desire in writing.

APPELLANT'S SIGNATURE

DATE

TYPE OR PRINT NAME