



Date Received

Filing Fee

Applicant/Non-Applicant: \$2,583.46

For Office Use

Received by: _____

APPEAL TO THE CITY COUNCIL

SECTION 1. APPELLANT INFORMATION

Name Mailing Address and Zip Code

Phone Email

Representative's Name Mailing Address and Zip Code

Title Phone Email

SECTION 2. SUBJECT OF APPEAL

1. In accordance with the procedures set forth in Title 1, Chapter 1.20 of the San Luis Obispo Municipal Code or Title 17, Chapter 17.126 of the San Luis Obispo Municipal Code, I hereby appeal the decision of the:

(Name of Officer, Committee or Commission decision being appealed)

2. The date the decision being appealed was rendered: _____

3. The application or project was entitled: _____

4. I discussed the matter with the following City staff member:

_____ on _____
(Staff Member's Name and Department) (Date)

5. Has this matter been the subject of a previous appeal? If so, when was it heard and by whom:

SECTION 3. REASON FOR APPEAL

Explain specifically what action/s you are appealing and why you believe the Council should consider your appeal. Include what evidence you have that supports your appeal. *You may attach additional pages, if necessary. This form continues on the other side.*

Reason for Appeal continued

SECTION 4. APPELLANT'S RESPONSIBILITY

The San Luis Obispo City Council values public participation in local government and encourages all forms of citizen involvement. However, due to real costs associated with City Council consideration of an appeal, including public notification, all appeals pertaining to a planning application or project are subject to the following **filing fee, which must accompany the appeal form: \$2,583.46.**

Your right to exercise an appeal comes with certain responsibilities. If you file an appeal, please understand that it must be heard within 45 days from filing this form, except for matters arising under Title 17 (Zoning Regulations) of the San Luis Obispo Municipal Code shall be governed by those Chapters. You will be notified in writing of the exact date your appeal will be heard before the Council. You or your representative will be expected to attend the public hearing, and to be prepared to make your case. Your testimony is limited to 10 minutes.

A continuance may be granted under certain and unusual circumstances. If you feel you need to request a continuance, you must submit your request in writing to the City Clerk. Please be advised that if your request for continuance is received after the appeal is noticed to the public, the Council may not be able to grant the request for continuance. *Submitting a request for continuance does not guarantee that it will be granted; that action is at the discretion of the City Council.*

I hereby agree to appear and/or send a representative to appear on my behalf when said appeal is scheduled for a public hearing before the City Council.

(Signature of Appellant)

(Date)

- cc: **City Attorney**
City Manager
Department Head
Advisory Body Chairperson
Advisory Body Liaison
City Clerk (original)