

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

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

RE: Project Title _____

Case Number _____

Tract/ APN Number _____

Date of action taken by Planning Commission, or Surveyor _____

I hereby appeal the _____ of the _____
(approval/ approval with conditions/ or denial) (Planning Commission or County Surveyor)

Please state specifically wherein the decision of the Planning Commission or Surveyor is not in accord with the purposes of the appropriate ordinance (one of either Article II Coastal Zoning Ordinance, County Land Use and Development Code, Montecito Land Use and Development Code or Chapter 21, Land Division) or other applicable law, or wherein it is claimed that there was an error or an abuse of discretion by the Planning Commission or Surveyor, or that there was a lack of a fair and impartial hearing, or that the decision is not supported by the evidence presented for consideration leading to the making of the decision or determination that is being appealed, or that there is significant new evidence relevant to the decision which could not have been presented at the time the decision was made. {References: Article II Section 35-182.2.C; County Land Use and Development Code Section 35.102.020.C; Montecito Land Use and Development Code Section 35-492.020.C, Chapter 21 Section 21-71.4.2.C.2}

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

Specific conditions being appealed are:

Name of Appellant (please print): _____

Address: _____

(Street, Apt #)

(City/ State/ Zip Code)

(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: _____ Date: _____

FOR OFFICE USE ONLY

Hearing set for: _____ Date Received: _____ By: _____ File No. _____