City of Hesperia
Planning Division
9700 Seventh Avenue
Hesperia, Ca. 92345
760-947-1224

STAFF USE ONLY	
Date:	
Project Number:	

APPLICATION FOR APPEAL

☐ Appeal from Staff to Planning Commission
☐ Appeal from Planning Commission to City Council

NOTICE: This form must be filed prior to the effective action date for the project action being appealed (normally 10 days). Appeal applications received after this time period will not be accepted.

As every project action is based upon a set of findings and conditions, you should focus your appeal toward changing those findings, and/or conditions. If you need assistance, contact the City of Hesperia, Planning Division at 947-1200.

For appeals to Planning Commission, completed application should be submitted with the specified fee, to the Community Development Department, 9700 Seventh Ave., Hesperia.

You may attach additional pages or other documentation to this application.

Project Action Date: _____

File No.: _____ Date Appeal Filed: _____

Project Applicant(s): _____

Appellant's Name: _____

Appellant's Address: _____

City: _____ Zip: _____ Phone No. _____

Assessor's Parcel No. of Subject Property: _____

General Location of Property: _____

_____

A P P E A L S T A T E M E N T

1. I/We hereby appeal to the City of Hesperia: (Check One)

   ☐ Planning Commission

   ☐ City Council

2. I/We are appealing the project action taken to:

   ☐ DENY the project ☐ DENY the project without prejudice

   ☐ APPROVE the project ☐ APPROVE the project with conditions (attach a copy of the conditions, if they are the subject of the appeal).

   ☐ ADOPT a Negative Declaration

   ☐ OTHER (specify) _____

3. Detail <u>what</u> is being appealed and <u>what</u> action or change you seek. Specifically address the findings, mitigation measures, conditions and/or policies with which you disagree. Also, state exactly what action/ changes you would favor.

   _____

   _____

   _____

4. State why you are appealing - be specific. Reference any errors or omissions - attach any supporting documentation.

   _____

   _____

I/We certify that I/We are the:

☐ Legal Owner(s)

☐ Authorized Legal Agent(s)

☐ Other Interested Person(s)

_____
Signature of Appellant(s)

DATE: _____