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**CITY OF LAGUNA BEACH
NOTICE OF APPEAL FORM**

1. Appeals may be filed by the Claimant(s) or the Vegetation Owner(s).
2. The appeal fee of \$2,000.00 must accompany the appeal at submittal.
3. This form must be received by the City Clerk within 14 calendar days of the View Restoration Committee’s decision as allowed pursuant to LBMC Section 12.16.050(c)(5) or 14 calendar days after notification by city staff pursuant to LBMC Section 12.16.040(c).
4. Every question must be answered. If a question does not apply, answer “does not apply” or words to that effect.
5. Attach additional pages for long answers.
6. Prior to completing this form you may wish to read the Laguna Beach Municipal Code sections that pertain to appeal. Copies are available at Community Development and the City Clerk’s Office. [25.05.070]

APPEAL BACKGROUND INFORMATION:

Name of Appellant: _____ **Phone No:** _____

Address of Appellant: _____

Address of Subject Property: _____

Owner of Subject Property: _____

Date of Decision/Hearing: _____

Appeal of: (Select One)

- Denial
- Approval – View Restoration Order

Generally Describe:

The type of decision rendered by the View Restoration Committee or by city staff (View Preservation):

REASON (GROUNDS) FOR THE APPEAL (Please use additional paper if needed.):

The foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Appellant) Date _____

PROCEDURE FOR REQUESTING A CONTINUANCE OF A PUBLIC HEARING :

Continuances are granted at the discretion of the City Council. Either the applicant or the appellant may request a continuance at the time of the public hearing. Only the applicant (owner of the subject property of his/her designee) may request a continuance prior to the hearing. If, no later than the Wednesday prior to the public hearing, the applicant submits a written request accompanied by \$50 to cover the cost of renoticing, the City staff has the authority to continue the hearing, if in the judgement of the staff, there is no valid or legal reason not to continue the hearing. Such requests are to be submitted to the City Clerk.

Appeal Received By: _____
Date Filed: _____
Appeal Fee: \$ _____
Date of Hearing: _____