APPEAL TO THE BOARD OF SUPERVISORS
COUNTY OF SANTA BARBARA

Submit to: Clerk of the Board
County Administration Building
105 E. Anapamu Street, 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. ___________________