



# Appeal to the Board of Supervisors or Planning Commission (County or Montecito)

**APPEAL TO THE BOARD OF SUPERVISORS OR PLANNING COMMISSION (APL)** on the issuance, revocation, or modification of:

- All Discretionary projects heard by one of the Planning Commissions
- Board of Architectural Review decisions
- Coastal Development Permit decisions
- Land Use Permit decisions
- Planning & Development Director's decisions
- Zoning Administrator's decisions

## THIS PACKAGE CONTAINS

✓ APPLICATION FORM

✓ SUBMITTAL REQUIREMENTS

## AND, IF ✓'D, ALSO CONTAINS

<b>South County Office</b> 123 E. Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-2000 Fax: (805) 568-2030	<b>North County Office</b> 624 W. Foster Road, Suite C Santa Maria, CA 93455 Phone: (805) 934-6250 Fax: (805) 934-6258	<b>Clerk of the Board</b> 105 E. Anapamu Street Santa Barbara, CA 93101 Phone: (805) 568-2240 Fax : (805) 568-2249
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## SUBMITTAL REQUIREMENTS

- \_\_\_\_\_ 8 Copies of the attached application.
- \_\_\_\_\_ 8 Copies of a written explanation of the appeal including:
- If you are not the applicant, an explanation of how you are an “**aggrieved party**” (“Any person who in person, or through a representative, appeared at a public hearing in connection with the decision or action appealed, or who, by the other nature of his concerns or who for good cause was unable to do either.”);
  - A clear, complete and concise statement of the **reasons or grounds for appeal**:
    - Why the decision or determination is consistent with the provisions and purposes of the County’s Zoning Ordinances or other applicable law; or
    - There was error or abuse of discretion;
    - The decision is not supported by the evidence presented for consideration;
    - There was a lack of a fair and impartial hearing; or
    - There is significant new evidence relevant to the decision which could not have been presented at the time the decision was made.
- \_\_\_\_\_ 1 Check payable to County of Santa Barbara.

Note: There are additional requirements for certain appeals including:

- a. Appeals regarding a previously approved discretionary permit** – If the approval of a Land use permit required by a previously approved discretionary permit is appealed, the applicant shall identify: 1) How the Land Use Permit is inconsistent with the previously approved discretionary permit; 2) How the discretionary permit’s conditions of approval that are required to be completed prior to the approval of a Land Use Permit have not been completed; 3) How the approval is inconsistent with Section 35.106 (Noticing).
- b. Appeals regarding Residential Second Units (RSUs)** – The grounds for an appeal of the approval of a Land Use Permit for a RSU in compliance with Section 35.42.230 (Residential Second Units) shall be limited to whether the approved project is in compliance with development standards for RSUs provided in Section 35.42.230.F (Development Standards).



**PLANNING & DEVELOPMENT  
APPEAL FORM**

SITE ADDRESS: \_\_\_\_\_

ASSESSOR PARCEL NUMBER: \_\_\_\_\_

Are there previous permits/applications? no yes numbers: \_\_\_\_\_  
(include permit# & lot # if tract)

Is this appeal (potentially) related to cannabis activities? no yes

Are there previous environmental (CEQA) documents? no yes numbers: \_\_\_\_\_

1. **Appellant:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

2. **Owner:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

3. **Agent:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

4. **Attorney:** \_\_\_\_\_ Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Street City State Zip

**COUNTY USE ONLY**

Case Number: \_\_\_\_\_ Companion Case Number: \_\_\_\_\_  
Supervisorial District: \_\_\_\_\_ Submittal Date: \_\_\_\_\_  
Applicable Zoning Ordinance: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
Project Planner: \_\_\_\_\_ Accepted for Processing \_\_\_\_\_  
Zoning Designation: \_\_\_\_\_ Comp. Plan Designation \_\_\_\_\_

# COUNTY OF SANTA BARBARA APPEAL TO THE:

\_\_\_\_\_ BOARD OF SUPERVISORS

\_\_\_\_\_ PLANNING COMMISSION: \_\_\_\_\_ COUNTY \_\_\_\_\_ MONTECITO

RE: Project Title \_\_\_\_\_

Case No. \_\_\_\_\_

Date of Action \_\_\_\_\_

I hereby appeal the \_\_\_\_\_ approval \_\_\_\_\_ approval w/conditions \_\_\_\_\_ denial of the:

\_\_\_\_\_ Board of Architectural Review – Which Board? \_\_\_\_\_

\_\_\_\_\_ Coastal Development Permit decision

\_\_\_\_\_ Land Use Permit decision

\_\_\_\_\_ Planning Commission decision – Which Commission? \_\_\_\_\_

\_\_\_\_\_ Planning & Development Director decision

\_\_\_\_\_ Zoning Administrator decision

### Is the appellant the applicant or an aggrieved party?

\_\_\_\_\_ Applicant

\_\_\_\_\_ Aggrieved party – if you are not the applicant, provide an explanation of how you are and “aggrieved party” as defined on page two of this appeal form:

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Reason of grounds for the appeal – Write the reason for the appeal below or submit 8 copies of your appeal letter that addresses the appeal requirements listed on page two of this appeal form:

- A clear, complete and concise statement of the reasons why the decision or determination is inconsistent with the provisions and purposes of the County’s Zoning Ordinances or other applicable law; and
- Grounds shall be specifically stated if it is claimed that there was error or abuse of discretion, or lack of a fair and impartial hearing, or that the decision is not supported by the evidence presented for consideration, or that there is significant new evidence relevant to the decision which could not have been presented at the time the decision was made.

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**Specific conditions imposed which I wish to appeal are (if applicable):**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**Please include any other information you feel is relevant to this application.**

**CERTIFICATION OF ACCURACY AND COMPLETENESS** Signatures must be completed for each line. If one or more of the parties are the same, please re-sign the applicable line.

**Applicant's signature authorizes County staff to enter the property described above for the purposes of inspection.**

*I hereby declare under penalty of perjury that the information contained in this application and all attached materials are correct, true and complete. I acknowledge and agree that the County of Santa Barbara is relying on the accuracy of this information and my representations in order to process this application and that any permits issued by the County may be rescinded if it is determined that the information and materials submitted are not true and correct. I further acknowledge that I may be liable for any costs associated with rescission of such permits.*

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Print name and sign – Firm Date

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Print name and sign – Preparer of this form Date

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Print name and sign – Applicant Date

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Print name and sign – Agent Date

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Print name and sign – Landowner Date

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