

RECEIVED CITY OF YORBA LINDA CITY CLERK'S DEPT

JUN 0 8 2021

PLANNING DIVISION APPEAL FORM

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Note: An appeal must be filed within 15 days of the action for which a review is sought. Application type being appealed (*next to the fee is deposit based only): **Application Type** Appeal Fee **Application Type Appeal Fee** □ Accessory Dwelling Unit \$275.40 set fee □ Lot Line Adjustment \$500.00* Administrative Adjustment \$275.40 set fee □ Sign Request \$500.00* Conditional Use Permit (Residential) \$500:00* 1,000 Tentative Parcel Map \$2500.00* Conditional Use Permit (Commercial) \$1000.00* □ Tentative Tract Map \$2500.00* Design Review (Residential) \$500.00* Variance \$1000.00* □ Design Review (Commercial) \$1000.00* □ Zone Change \$1000.00* □ City Councilmember : Fee waived Other See Planner to determine fee Please note; Fees are charged at a rate of \$108.00 per hour. Fees are charged to recover city costs for time spent preparing staff reports, provide assistance at the counter; attend the Planning Commission/City Council Meeting(s) to present the project; and conduct field investigations and take photographs. **APPELLANT:** Name: Telephone: / APPEALING THE DECISION OF THE PLANNING COMMISSION RELATIVE TO THE ACTION **TAKEN** ON: ACTION BEING APPEALED: (Case No., Property Location) REASONS FOR APPEAL: (Why are you appealing the decision? Please provide detailed reasons.)

FOR OFFICE USE ONLY

Please forward the application to the City Clerk's Department.

Date Appeal filed: 6-8-21

Fee received:

<u>Hearing Date</u>. An appeal shall be scheduled for a public hearing before the City Council at the next available meeting unless both applicant and appellant or reviewing body consent to a later date (YLMC Sec. 18.36.820)

cc: Appellant

Community Development Dept. (furnish one set of mailing labels for mailing) File

Signature of Appellant ____

CITY of YORBA LINDA RECEIPT CITY CLERK		Ref No. Cup 2021-13 Ref No. Zhang			
Received Name	d From: Michael R	osenthal	Tract	Lot(s)	
Address			Address		
City, State, Zip	46		_ By Ma	Date (-8-21
CR#	Account Number	Description	Amou	unt Ca:	sh Register Validation
120 139	7010000 / 227500 1015420 / 321080	Spec Project Deposit-Appeal Records Search Election Services	\$1,000.00		Pacle
334 114	7010000 / 227530 1015220 / 322010	Fingerprints Special Permits		PAID	JUN 0 8 2021 © 77 20
505 505	1015900 / 387090 1015900 / 387090	Misc Reimbursement Misc Reimbursement			
506	1015900 / 388090 Do Not Knock	Misc Income (Witness Subpeona Fee) Stickers-\$1.00 Cling-\$1.50			
131	1015420 / 365020	Maps & Publications			
129	7010000 / 227400	MISC Deposit			
503	1015460 / 365010	Copy Service	2		
131	1015420 / 365020	Maps & Publications			