



City of  
**Santa Monica**<sup>™</sup>

City of  
**Santa Monica**  
Planning and Community Development Department  
City Planning Division  
(310) 458-8341

## APPEAL FORM

(Please Type or Print all Information)

Application Number

\_\_\_\_\_

Filed: \_\_\_\_\_

By: \_\_\_\_\_

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**APPELLANT NAME:** \_\_\_\_\_

**APPELLANT ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ Phone: \_\_\_\_\_

(all correspondence will be mailed to this address)

Address: \_\_\_\_\_

\_\_\_\_\_

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**PROJECT CASE NUMBER(S) :** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

**ORIGINAL HEARING DATE:** \_\_\_\_\_

**ACTION BEING APPEALED:** \_\_\_\_\_

\_\_\_\_\_

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**Please state the specific reason(s) for the appeal (use separate sheet if necessary):**

**Is the appeal related to the discretionary action and findings issued for the proposed project? \_\_\_ Yes \_\_\_ No If yes, explain:**

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**Is the appeal related to the conditions of approval? \_\_\_ Yes \_\_\_ No If yes, which conditions and why:**

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**Is the appeal related to design issues? \_\_\_ Yes \_\_\_ No If yes, explain:**

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**Is the appeal related to compatibility issues such as building height, massing, pedestrian orientation, etc.? \_\_\_ Yes \_\_\_ No If yes, explain:**

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**Is the appeal related to non-compliance with the Santa Monica Municipal Code? \_\_\_ Yes \_\_\_ No If yes, which Code section(s) does the project not comply with and why:**

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**Is the appeal related to environmental impacts associated with the project? \_\_\_ Yes \_\_\_ No If yes, explain:**

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**Is the appeal related to other issues? \_\_\_ Yes \_\_\_ No If yes, explain:**

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**APPELLANT SIGNATURE: \_\_\_\_\_**

**NOTE: A hearing date on the appeal will not be scheduled until sufficient information regarding the basis for the appeal has been received to enable City Planning Division staff to prepare the required analysis for the staff report.**