



Appeal Application

City Clerk's Office
100 Civic Center Drive / P.O. Box 1768
Newport Beach, CA 92658-8915
949-644-3005

Clerk's Date & Time Stamp

Appeals are time sensitive and must be received by the City Clerk within the specified time period from a decision or final action by a decision-maker. It is advisable to consult with the Department managing the issue if there is question with regards to appealing an action. This is an appeal of the:

- (CDD222) Community Development Director Action to the Planning Commission - \$2116
- (CDD222) Zoning Administrator Action to the Planning Commission - \$2116
- (CDD222) Coastal Development Application CDP Appeal from Zoning Admin to the Planning Commission (only if appeal is solely based on the CDP portion of the application) – *No Fee*
- (CDD222) Planning Commission Action to the City Council - \$2116
- (CDD222) Community Development Director Action to the Harbor Commission - \$623
- (CDD222) Harbor Commission Action to the City Council (CDD – Planning) - \$498
- (CDD222) Hearing Officer Action to the City Council - \$2116
- (CDD223) Building Official/Fire Marshal Action to the Building/Fire Board of Appeals - \$1827
- (CDD224) Chief of Police Action on an Operator License to the City Manager - \$1033
- (RSS073) City Manager Action on a Special Events Permit to the City Council - \$1953
- (HBR001) Harbormaster Action to the Harbor Commission - \$622
- (HBR001) Harbor Commission Action to the City Council (Harbor Department) - \$498
- (PBW018) Public Works Director Action to Harbor Commission - \$1446
- (PBW018) Harbor Commission Action to City Council (Public Works Department) - \$691
- Other - Specify decision-maker, appellate body, Municipal Code authority and fee: _____

Appellant Information:

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Appealing Application Regarding:

Name of Applicant(s): _____ Date of Final Decision: _____

Project No.: _____ Activity No.: _____

Application Site Address: _____

Description of application: _____

Reason(s) for Appeal (attach a separate sheet if necessary): _____

Signature of Appellant: _____ **Date:** _____

FOR OFFICE USE ONLY:

Date Appeal filed and Administrative Fee received: _____, 20____.

City Clerk
cc: Department Director, Deputy Director, Staff, File