



CITY OF NEWPORT BEACH

Application to Appeal the Decision of the Public Works Director
To the Harbor Commission

*Appeals are time sensitive and must be received by the Public Works
Department specified time period from when the decision was made.*

Appellant Information:

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Appealing Application Regarding:

Name of Applicant(s): _____

Date of Final Decision: _____ Plan Check No.: _____

Application Site Address: _____

Project Description: _____

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

Signature of Appellant: _____

Date: _____

For Office Use Only:

Date Appeal filed and Administrative Fee received: _____

(Account No.: PBW018, Hourly Cost)