



REQUEST FOR APPEAL

This form must be completed when appealing a decision of the Director of Community Development, the Zoning Administrator or the Planning Commission. A request to appeal a decision of the Director of Community Development and/or the Zoning Administrator shall be appealed to the Planning Commission. An appeal based on a decision of the Planning Commission shall be appealed to the City Council.

Complete and return this form to the City Clerk's Office located on the third floor of City Hall during regular business hours. All appeals shall be filed in accordance with Irvine Zoning Code Section 2-5-1 et al and within 15 calendar days of the date of the decision.

REQUESTOR INFORMATION

NAME		EMAIL	
ADDRESS		PHONE	
CITY	STATE	ZIP	FAX

APPELLANT TYPE

I am a(n): APPLICANT PLANNING COMMISSIONER MEMBER OF THE CITY COUNCIL OTHER

NOTE: An appeal filed by anyone other than members of the City Council, Planning Commission, or the project applicant shall include an initial deposit in the amount of \$284.00. Any charges in excess of the initial deposit will be billed to the requestor on a monthly basis as required by City Council Resolution.

APPEAL

DECISION BEING APPEALED	DATE OF DECISION	CASE# (If applicable)
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SPECIFIC ACTION OR RELIEF SOUGHT BY THE APPLICANT

REASONS WHY THE ACTION TAKEN BY CITY APPROVAL BODY SHOULD BE MODIFIED OR REVERSED

SIGNATURE _____ DATE _____ RECEIVED BY CITY CLERK OR DESIGNEE _____ DATE _____