



CITY OF LA HABRA HEIGHTS
 1245 N. Hacienda Road
 La Habra Heights, CA 90631
 (562) 694 - 8283
 www.lhhcity.org



RESERVED DATE STAMP

DEVELOPMENT REVIEW APPEAL FORM

APPEAL TO CASE NO. _____ :

This application is to be used for any authorized appeals of discretionary actions administered by the Community Development Department and/or Planning Commission. Appeals must be delivered in person with the following information filled out and be in accordance with the Municipal Code. A copy of the action being appealed must be included. If the appellant is the original applicant, a copy of the receipt must also be included.

Name: _____

Phone: _____

Address: _____

City, State, Zip: _____

Address of property under appeal: _____

This appeal must set forth specifically where there was an error or abuse of discretion or where an application did meet or failed to meet, as the case may be, those qualifications or standards set forth in this Code as prerequisite to the granting of any application.

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Requirements of an Appeal (To be completed by the City)

- Payment of Appeal Fee Specific Reason for Appeal Showing Error or Abuse of Discretion

Agreement to pay the processing fees

The undersigned is the appellant of this project. By signing where indicated below we agree as follows: We agree to pay the City a flat fee against the cost to the City of processing this appeal and agree that the City may draw against that sum to cover the processing costs associated with this appeal.

Date: _____ Signature: _____

Print Name: _____