

## INSTRUCTIONS FOR APPEAL TO CITY COUNCIL OF A DECISION OF THE PLANNING COMMISSION

This application package is to be **submitted in person** at the Community Development Department public counter, located at 2100 E. Thousand Oaks Boulevard, Thousand Oaks, California, 91362. Please call (805) 449-2323 for hours of operation.

**IMPORTANT:** Please follow the application submittal instructions detailed below. Failure to complete the application material as required may result in your package being rejected at time of submittal.

1. Appeals may be filed by the applicant in a case or any other person aggrieved by a decision of the Planning Commission.
2. Appeals, with filing fee, must be filed in the Community Development Department of the City of Thousand Oaks **not later than** ten (10) calendar days after the date of decision. If this date falls on a weekend or holiday, the appeal period is automatically extended to the first business day after the 10-day period. The Community Development Department must certify that the appeal is in order for City Council consideration and contains all required information.
3. If the appeal is filed by the applicant, it must include the submittal of ten sets of all exhibits (e.g. plot plans, elevation plans, etc.) identical to those that were reviewed by the Community Development Department. A CD containing a .pdf version of all plans submitted with this application must also be provided.
4. The Community Development Department shall forward copies of the appeal to the City Clerk and City Attorney. This appeal will be heard on the date scheduled by the City Clerk, unless it is in the public interest for such matter to be continued to a later date. Testimony will be taken, and failure of the appellant or his/her representative to present testimony may be cause for denial.
5. Application: The application shall be typed or printed legibly, in blue or black ink, with all requested information completed. The application must be submitted with an original signature before your application will be deemed complete for processing.
6. Filing Fee: The Thousand Oaks Municipal Code requires that a fee be paid at the time of filing to cover the costs incurred in processing the application. Refer to the City's Fee Schedule or contact the Community Development to determine the current filing fee.

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# Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362  
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org  
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

## APPLICATION FOR APPEAL TO CITY COUNCIL OF A PLANNING COMMISSION DECISION

### APPELLANT INFORMATION\*:

Name (person): \_\_\_\_\_

Company/Organization (if applicable): \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

If appellant is not the applicant, state the basis for filing this appeal as an "aggrieved person."

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*NOTE: IF THE APPELLANT** is a Corporation, the name, address and title of all Officers shall accompany this application. If the appellant is a General Partner, the name and address of all General Partners shall accompany this application.

### PLANNING COMMISSION DECISION:

Case #: \_\_\_\_\_ Date of Decision: \_\_\_\_\_

Community Development Department Decision was to (check only one):  
 Approve application  
 Deny application

### I REQUEST THAT THE PLANNING COMMISSION TAKE THE FOLLOWING ACTION:

*(Check only one.)*

- Approve the application subject to the conditions imposed by the Community Development Department.
- Approve the application, but add, delete or change one or more conditions (please attach a separate sheet with the specific condition changes you are requesting).
- Deny the application.

**THE GROUNDS OF APPEAL ARE:**

(If appeal requests changes to conditions imposed by the Community Development Department, justify each change – attach additional pages if necessary.)

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**SIGNATURE OF APPELLANT:**

\_\_\_\_\_  
Signature of Appellant

\_\_\_\_\_  
Date

**CERTIFICATION  
(For Department Use Only)**

The Community Development Department hereby certifies that the appeal and filing fee have been received as follow:

At \_\_\_\_\_ (a.m./p.m.), on \_\_\_\_\_, 20\_\_\_\_\_.

By (Staff Accepting Appeal) \_\_\_\_\_ Filing Fee \$ \_\_\_\_\_

Name of Project Planner: \_\_\_\_\_

