

APPEALING TO THE PLANNING COMMISSION A DECISION OF THE COMMUNITY DEVELOPMENT DEPARTMENT

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. An appeal may be filed by the applicant in a case or any other person aggrieved by a decision of the Community Development Department.
2. Appeal, with filing fee, must be filed **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 Planning Commission consideration and that it 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. This appeal will be heard on the date as scheduled by the Community Development Department, unless it is in the public interest for such matter to be continued to a later date. Testimony will be taken at the public hearing and failure of the appellant or his/her representative to present and give 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 APPEALING TO THE PLANNING COMMISSION A DECISION OF THE COMMUNITY DEVELOPMENT DEPARTMENT

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.

COMMUNITY DEVELOPMENT DEPARTMENT 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.)

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: _____

