



**City of Camarillo**  
 Department of Community Development

**APPEAL**  
 Application

<b>SUBMITTAL</b>	City of Camarillo Department of Community Development 601 Carmen Drive P.O. Box 248 Camarillo, CA 93011-0248 Phone: 805.388.5360; Fax: 805.388.5388 Email: <a href="mailto:comdevemail@cityofcamarillo.org">comdevemail@cityofcamarillo.org</a>	<b>APPLICATION</b> <small>Staff Use</small>	Case No _____ Fee _____ Received by _____ Date Filed _____ HTE No. _____ <i>(Keep Receipt with Application)</i>
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**NOTE** Appeals may be filed by the applicant, member of the City Council or general public and must be filed within the time specified for the case as set forth in the City of Camarillo Zoning Ordinance. This appeal form must be complete, signed by the Appellant, and accompanied by the required filing fee.

**APPLICANT**

In accordance with the provisions of the City of Camarillo Zoning Ordinance, I hereby appeal the Planning Commission decision of \_\_\_\_\_, 20\_\_\_\_, regarding the application described as \_\_\_\_\_ (Case No.). The Planning Commission’s decision was as follows:

\_\_\_\_\_

\_\_\_\_\_

The grounds for the Appeal are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Please attach any additional material, if necessary)*

**APPELLANT**

Name \_\_\_\_\_

Email (required) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (8 am – 5 pm) \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Is the Appellant a party in the application? \_\_\_\_\_. If not, state the basis for filing as an “Aggrieved Person.”  
 (Yes/No)

\_\_\_\_\_

\_\_\_\_\_

**Signature of Appellant** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPT. USE**

Case Number \_\_\_\_\_ Time Allowed for Appeal \_\_\_\_\_  
 (Days)

Appeal filed and fee paid on \_\_\_\_\_

Appeal form sent to City Clerk on \_\_\_\_\_

**Final Action** by City Council  **APPROVED** /  **DENIED** on \_\_\_\_\_ by Reso # \_\_\_\_\_