CITY OF CHULA VISTA	RECEIVED	ning Division Development Processing
		APPEAL APPLICATION FORM
	15 DEC 16 P4:09	
Appeal the decision of the:		STAFF_USE_ONLY
Zoning Administrator	CITY OF CHULA VISTA	Date Received 22 110 15
Planning Commission	WIT BEERN S UFFICE	Beceipt #
		Case B
Application Information		
Name of AppellantAN	STOCKER	Phone (
Address	,	
Business Address		
Project Address 70/ DSI.	CU CU	3/
Project Description <u>87 UNITE</u>	ample: variance, conditional use permit, de	
Please use the space below to provide Grounds for an appeal must be based of	a response to the decision you are ap	pealing. Attach additional sheets, if necessary.
approving, or denying a permit (2) New Information. New info through that person's reasonab (3) Findings Not Supported. T permit, map, or other matter ar In order for an appeal to be valid, detai along with substantiation of the facts a time limit specified, and determined to the City Council. <u>A DECISION BY CO</u> <u>urith ACCESS</u> D P	t, map, or other matter was Inaccurate brmation is available to the applicant of one efforts or due diligence at the time the decision maker's stated findings to re not supported by the information p illed responses must be included whic and circumstances on which the claim to be valid, it automaticallystays process if y council ABCUT DT REGIST I A COUNT DT	or the interested person that was not available of the decision; or approve, conditionally approve, or deny the
	Contraission .	
Appeal Form Directions		
or Planning Commission to the City Cou present at a public hearing from which or a person who expressed an interest is on an action from which an appeal may	uncil. The appellant must be an interest an appeal arose and who had filed a sp in the project in writing to that decision be filed. The appellant must file a com ion has been made), complete the Disc	rty may appeal the decision of the Zoning Administrator, ted party. An interested party means a person who was beaker slip with the decision maker at that public hearing, a maker before the close of the public hearing or a decision plete appeal application form within the specified appeal closure Statement, and pay the required fee. Once a valid incil within 30 days.
	Signature of Appellant	Date 12-16-5
	Signature of Appenant	

rtment _____

_____Chty Clerk

APPEAL Rev 5.14 ۰,

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