



Community Development Department  
 14000 City Center Dr., Chino Hills, CA 91709  
 (909) 364-2740  
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APL No.: \_\_\_\_\_  
 TDA No.: \_\_\_\_\_  
 Submittal Date: \_\_\_\_\_  
 Accepted By: \_\_\_\_\_

## APPEAL APPLICATION

This application is required whenever an individual desires to appeal a decision made by the Community Development Director or Planning Commission.

### APPEAL PROCESS

Any person may appeal the decision of the Community Development Director to the Planning Commission. All such appeals must be in writing and filed with the Planning Commission secretary.

Any person may appeal the decision of the Planning Commission to the City Council. All such appeals must be in writing and filed with the City Clerk.

Timing: All appeals **must be filed within 10 working days** of the date of the final action by the Community Development Director or Planning Commission. Late appeals will not be accepted.

Fees: This appeal must be accompanied by the applicable fee as established by resolution of the City Council.

### APPELLANT INFORMATION:

Name(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PROJECT INFORMATION:

Project Name: \_\_\_\_\_

Project Type and Case Number: \_\_\_\_\_

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

### DECISION BEING APPEALED

The undersigned Appellant requests review of a decision made by the:

- Planning Commission  Community Development Director

Date decision rendered: \_\_\_\_\_

Relationship of Appellant to the project or decision:

- Project Applicant  Resident  Property Owner  Business Owner  Other: \_\_\_\_\_

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**STATEMENT OF APPEAL**

Please state the grounds for your appeal and the relief requested. Be specific. Attach additional pages if necessary.

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**APPELLANT'S AFFIDAVIT**

I hereby certify that the statements and information contained herein are in all respects true and correct to the best of my knowledge.

Appellant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_