

# **BLUE FOLDER ITEM**

*Blue folder items are additional back up material to administrative reports and/or public comments received after the printing and distribution of the agenda packet for receive and file.*

## **CITY COUNCIL MEETING SEPTEMBER 21, 2021**

**P.3 DISCUSSION AND CONSIDERATION REGARDING AMENDMENTS TO REDONDO BEACH MUNICIPAL CODE SECTION 10-3.901 CEQA APPEAL REQUIREMENTS AND PROCEDURES**

**INTRODUCE BY TITLE ONLY ORDINANCE NO. 3217-21, AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF REDONDO BEACH, CALIFORNIA, AMENDING MUNICIPAL CODE TITLE 10, CHAPTER 3, ARTICLE 9, SECTION 10-3.901 CEQA APPEAL REQUIREMENTS AND PROCEDURES, FOR INTRODUCTION AND FIRST READING**

**DISCUSSION AND DIRECTION TO STAFF REGARDING THE FEE TO APPEAL A PLANNING COMMISSION DECISION**

**APPEAL APPLICATION FORMS; VARIOUS CITIES (COUNCILMEMBER NEHRENHEIM)**



City of  
**Santa Monica**

City of  
**Santa Monica**

Planning and Community Development Department  
City Planning Division  
(310) 458-8341

**APPEAL FORM**

(Please Type or Print all Information)

Application Number

\_\_\_\_\_

Filed: \_\_\_\_\_

By: \_\_\_\_\_

**APPELLANT NAME:** \_\_\_\_\_

**APPELLANT ADDRESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ Phone: \_\_\_\_\_

(all correspondence will be mailed to this address)

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

\_\_\_\_\_

**PROJECT CASE NUMBER(S) :** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

**ORIGINAL HEARING DATE:** \_\_\_\_\_

**ACTION BEING APPEALED:** \_\_\_\_\_

\_\_\_\_\_

Please state the specific reason(s) for the appeal (use separate sheet if necessary):

Is the appeal related to the discretionary action and findings issued for the proposed project? \_\_\_ Yes \_\_\_ No If yes, explain:

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Is the appeal related to the conditions of approval? \_\_\_ Yes \_\_\_ No If yes, which conditions and why:

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Is the appeal related to design issues? \_\_\_ Yes \_\_\_ No If yes, explain:

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Is the appeal related to compatibility issues such as building height, massing, pedestrian orientation, etc.? \_\_\_ Yes \_\_\_ No If yes, explain:

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Is the appeal related to non-compliance with the Santa Monica Municipal Code? \_\_\_ Yes \_\_\_ No If yes, which Code section(s) does the project not comply with and why:

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Is the appeal related to environmental impacts associated with the project? \_\_\_ Yes \_\_\_ No If yes, explain:

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Is the appeal related to other issues? \_\_\_ Yes \_\_\_ No If yes, explain:

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APPELLANT SIGNATURE: \_\_\_\_\_

**NOTE:** A hearing date on the appeal will not be scheduled until sufficient information regarding the basis for the appeal has been received to enable City Planning Division staff to prepare the required analysis for the staff report.



# Appeal Application

City Clerk's Office  
701 E. Carson St.  
Carson, CA 90745  
310-952-1720

Clerk's Date & Time Stamp
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Appeals are time sensitive and must be received by the City Clerk in the specified time period pursuant to the Carson Municipal Code or applicable authority. It is advisable to consult with the Department managing the issue if there is question with regards to appealing an action. All fees associated with appeals can be located in the City's Master Fee Schedule and/or Carson Municipal Code. This is an appeal of the:

- Director decision to the Planning Commission – shall be filed in writing within 15 days of the date of the Director action.
- Planning Commission decision to the City Council – shall be filed in writing within 15 days of the date of the Commission action.
- Other - Specify decision-maker, appellate body, Municipal Code authority: \_\_\_\_\_

### Appellant Information:

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

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

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

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

### Appealing Application Regarding:

*\*If appeal is made by any member of the City Council or the City Manager, the sections identified with an asterisk (\*) are not required; the Statement of Grounds for Appeal need only provide, in substance and effect, a request that a specific decision, administrative case number, or resolution number, as the case may be, be reviewed by the Planning Commission or City Council, as the case may be. CMC §9173.4.*

Name of Applicant(s): \_\_\_\_\_ Date of Final Decision: \_\_\_\_\_

\*Administrative File No. /Case No.: \_\_\_\_\_

\*Street Address (otherwise, the legal description and location of the premises included in the action) \_\_\_\_\_

\*Specific Matter Being Appealed: \_\_\_\_\_

Statement of the Grounds for Appeal (attach separate sheet if necessary): \_\_\_\_\_

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

### FOR OFFICE USE ONLY:

Date Appeal received: \_\_\_\_\_, 20\_\_\_\_.

Appeal Fee received: \$ \_\_\_\_\_

\_\_\_\_\_  
Joy Simarago, Deputy City Clerk

cc: Department Director, File



# CITY OF TORRANCE

## APPEAL FORM

**AN APPEAL TO:**

- City Council
- Planning Commission
- \_\_\_\_\_

**RETURN TO:**

Office of the City Clerk  
 3031 Torrance Boulevard  
 Torrance CA 90509-2970  
 310/618-2870

**RE:** \_\_\_\_\_  
 (Case Number and Name)

**Address/Location of Subject Property** \_\_\_\_\_  
 (If applicable)

**Decision of:**

- |                                                                                 |                                                         |
|---------------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Administrative Hearing Board                           | <input type="checkbox"/> License Review Board           |
| <input type="checkbox"/> Airport Commission                                     | <input type="checkbox"/> Planning Commission            |
| <input type="checkbox"/> Civil Service Commission                               | <input type="checkbox"/> Community Development Director |
| <input type="checkbox"/> Environmental Quality & Energy Conservation Commission | <input type="checkbox"/> Special Development Permit     |
|                                                                                 | <input type="checkbox"/> Other _____                    |

**Date of decision:** \_\_\_\_\_ **Appealing:**  APPROVAL  DENIAL  
 OTHER \_\_\_\_\_

**Reason for Appeal:** *Be as detailed as necessary. Additional information can be presented at the hearing. Attach pages as required with additional information and/or signatures.*

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**Name of Appellant** \_\_\_\_\_

**Address of Appellant** \_\_\_\_\_

**Telephone Number** (\_\_\_\_) \_\_\_\_\_

**Signature** \_\_\_\_\_

<b>For office use only:</b>		
<b>Appeal Fee paid \$</b> _____	<b>Date</b> _____	<b>Received by</b> _____
<b>Notice to:</b> Community Development Department: <input type="checkbox"/> Planning <input type="checkbox"/> Building & Safety		
<input type="checkbox"/> City Council <input type="checkbox"/> City Manager <input type="checkbox"/> City Attorney <input type="checkbox"/> Other Department(s) _____		

**SECTION 11.5.2. CONTENTS OF NOTICE OF APPEAL, FEES.**

(Amended by O-3416)

- a) The notice of appeal shall contain the following information in addition to the information given by the applicant thereon or reasonably required by the City Clerk therefor:
  - 1) The name, address, and telephone number of the applicant.
  - 2) The type of permit desired or action requested.
  - 3) The date on which said permit was issued or refused or the decision was made and the name of the City officer, body, or department taking such action.
  - 4) The grounds on which the appeal is taken.
- b) A fee for filing an appeal shall be charged as provided by resolution of the City Council.

RECEIVED

DEC 11 2020

CITY OF PLACERVILLE  
ADMINISTRATION DEPT.



City of Placerville

3101 Center Street, Placerville, CA 95667  
(530) 642-5200

NOTICE OF APPEAL OF A DECISION BY THE PLANNING COMMISSION  
TO THE PLACERVILLE CITY COUNCIL

File Number of Application Decision Being Appealed: CUP 204-04 and SPR 20-04

Date of Planning Commission Decision: December 1, 2020

A. APPELLANT INFORMATION

Appellants /Company Name: Placerville Downtown Association and  
Friends of Historic Hangtown

Address: c/o Soluri Meserve, 510 8th Street

City, State, Zip Code: Sacramento, CA 95814

Contact Name: Patrick M. Soluri

Contact Title: Attorney

Telephone Number: (916) 455-7300 Email: patrick@semlawyers.com

APPELLANT AUTHORIZATION

Appellant Signature(s)	December 10, 2020
<u>Sue Taylor</u>	Date
Appellant Signature(s)	<u>12/10/20</u>
<u>[Signature]</u>	Date
Appellant Signature(s)	<u>12/10/2020</u>
	Date

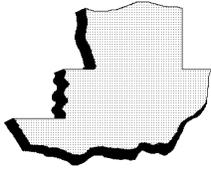
For City Use Only:		
Date Received: _____	Received By: _____	Filing Fee: _____

## **B. APPELLANT APPLICATION SUBMITTAL REQUIREMENTS**

- 1. Signed application form.
- 2. Processing fee pursuant to the latest adopted fee schedule.
- 3. Ten (10) copies of any supporting materials and a letter signed and dated by the appellant applicant that addresses each of the following:
  - a. Specific action appealed
  - b. Specific grounds of the appeal
  - c. Relief or action sought from the City Council
  - d. Address where notice can be sent to the appellant

## **C. APPELLANT APPLICANT NOTIFICATIONS**

1. An appeal application must be filed within ten calendar days of the Planning Commission's decision.
2. The appeal will be scheduled for a public hearing before the City Council as soon as reasonably possible, but no later than 40 days after a complete notice of appeal has been filed.
3. The City Council may affirm, modify, or reverse the Planning Commission's decision, making findings required by the Placerville Municipal Code and/or State law. The decision of the City Council is final.



Solano County Department of  
**Resource Management**  
675 Texas Street, Suite 5500 • Fairfield, California 94533 • (707) 784-6765

## **APPEAL REQUEST INSTRUCTIONS**

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1. **GENERAL COMMENTS** - Any person or party aggrieved or affected by any determination of the Zoning Administrator or Planning Commission may file an appeal pursuant to Section 28-112 of the Solano County Code. The appeal must be in writing outlining the reasons of the appeal and filed within ten days of the decision to be appealed.
  
2. **APPEAL PROCESS**  
Appeal Fee: \$150.00
  - a. Submit a written statement (see form attached) outlining the reasons of the appeal of a Zoning Administrator decision to:  

*The Solano County Planning Commission  
675 Texas Street, Suite 5500  
Fairfield, CA 94533  
(707) 784-6765*
  
  - b. Submit a written statement (see form attached) outlining the reasons of the appeal of a Planning Commission decision to:  

*The Solano County Board of Supervisors  
675 Texas Street, 6<sup>th</sup> Floor  
Fairfield, CA 94533  
(707) 784-6100*
  
3. **PUBLIC NOTICE** - One advertised public hearing is required for an appeal, at least fifteen days prior to the hearing, Resource Management will provide written notice by first class mail to the appellant, project applicant and owners of property located within 500 feet of the subject property. Notice will also be published in a newspaper of general circulation or posted in the vicinity of the project location. This public notice is to inform the public of their right to appear and be heard on the matter.
  
4. **PUBLIC HEARING** - The appellant or representative should be present at the public hearing. If appellant is unable to attend, a request for a continuance may be submitted in writing. During the hearing all interested persons will have the opportunity to speak in favor or in opposition to the appeal. Persons speaking will usually be asked their interest in the matter and other pertinent questions deemed necessary in making a determination.

