



Development Services Department  
 Planning Division  
 13220 Central Avenue  
 Chino, CA 91710  
 (909) 334-3253

www.cityofchino.org

**CITY of CHINO**

**Appeal Application**

**Appeal Process**

The applicant or any interested aggrieved person may appeal the determination of the Development Services Director or Planning Commission within ten (10) calendar days from the date of such determination. The appeal must be in writing in accordance with Section 20.23.150 of the City of Chino Zoning Ordinance. The required appeal fee as adopted by the City Council must accompany an appeal to the Planning Commission of a decision of the Development Services Director or an appeal to the City Council of a decision of the Planning Commission or it will be considered incomplete and the appeal will not be considered. A building permit will not be issued until after the 10-day appeal period is complete. If an action of the Commission is appealed, the City Council will hear the appeal and render a final decision.

**General Information (Print of Type)**

Appellant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Type of Appeal Requested**

- An appeal to the Planning Commission of an administrative action or determination
- An appeal to the City Council of a Planning Commission action or determination
- An appeal to the City Council of an environmental action or determination

Project number(s): \_\_\_\_\_

Project address or location: \_\_\_\_\_

Specific action or decision which is being appealed: \_\_\_\_\_

Specific grounds for the appeal, and the relief requested is as follows: \_\_\_\_\_

**Staff Use Only**

<i>File No.</i>	<i>Date Received</i>	<input type="checkbox"/> <i>Resident</i> <input type="checkbox"/> <i>Non-Resident</i>	<i>Received By</i>
<i>Related Files</i>	<i>Time Received</i>	<i>Receipt No.</i>	<i>Supervisor Authorization</i>

## ***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 and belief.

Appellant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Relationship to Subject Appeal:

Property Owner

Business Owner

Resident

Other: \_\_\_\_\_