



Appeal Form

County of Ventura • Resource Management Agency • Planning Division
800 South Victoria Avenue, Ventura, CA 93009 • 805 654-2488 • www.vcrma.org/divisions/planning

Appeal Number:

To: ___ Board of Supervisors
 ___ Planning Commission
 ___ PWA Advisory Agency

I hereby appeal the decision of the _____, which was given on _____, 20____.

The decision was as follows:

The grounds of appeal are (attach extra sheets as needed):

I request that the appropriate decision making body take the following action:

Name of Appellant:

Address of Appellant:

Telephone Number of Appellant:

Is the appellant a party in the application?
"aggrieved person."

. If not, state the basis for filing the appeal as an

Signature of Appellant

Date

Appeal and deposit fee of \$_____ (pursuant to fee schedule specified by Resolution No. 222
of the Ventura County Board of Supervisors) received by the Planning Division at _____(time) on
_____, 20_____.

Dave Ward, AICP
Director- Planning Division

By _____