



County of San Diego, Planning & Development Services
APPEAL APPLICATION
 ZONING DIVISION

APPEAL TO:

- Board of Supervisors
- Planning Commission
- Administrative Appeal
 (Requires Deposit & [PDS-346](#))

FOR OFFICIAL USE ONLY		
Thomas Guide Map	Code _____ Fee	Record ID
Community Plan Area		
General Plan Designation	Zone	

APPELLANT FILL IN BELOW THIS LINE, THIS SIDE ONLY – PLEASE PRINT OR TYPE

Site Address	Number	Street	City	Zip	Assessor's Parcel Number
Appellant's Name			<i>Last</i>	<i>First</i>	<i>Middle</i>
Mailing Address			<i>Number</i>	<i>Street</i>	
			<i>City</i>	<i>Zip</i>	
Telephone					
Owner's Name			<i>Last</i>	<i>First</i>	<i>Middle</i>
Mailing Address			<i>Number</i>	<i>Street</i>	
			<i>City</i>	<i>Zip</i>	
Telephone					

REQUEST: Clearly define all items requested in the appeal. Submit plans if necessary, to illustrate request.

JUSTIFICATION: Attach additional sheets if necessary.

 Signature of Appellant

 If Company Officer – indicate Company Name and function
(Please print)

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