



County of San Diego, Planning & Development Services
**APPEAL APPLICATION FOR SCORING FOR
 PLACEMENT ON THE COUNTY OF SAN
 DIEGO CEQA CONSULTANT LIST FOR
 PRIVATELY INITIATED PROJECTS**
 ZONING DIVISION

APPEAL TO:

Administrative Appeal
 (Requires a Deposit, see PDS-369)

| | |
|------------------------------|----------------------------|
| FOR OFFICIAL USE ONLY | |
| Deposit Account #: _____ | Case or Plan File #: _____ |

APPELLANT FILL IN BELOW THIS LINE – PLEASE PRINT OR TYPE

| | | | | | | | | | | | | | | | | |
|--|-----------------------|--------|--------|-----------------|--------|--------|------|-------|-----|-----------|--|--|---|-----------------|------------------------------------|-----------------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Appellant's Name/Last</td> <td style="border-bottom: 1px solid black;">First</td> <td style="border-bottom: 1px solid black;">Middle</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Mailing Address</td> <td style="border-bottom: 1px solid black;">Number</td> <td style="border-bottom: 1px solid black;">Street</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Telephone</td> </tr> </table> | Appellant's Name/Last | First | Middle | Mailing Address | Number | Street | City | State | Zip | Telephone | | | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Date of Debrief</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Submitting Appeal Application</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Appellant's Signature</td> </tr> </table> | Date of Debrief | Date Submitting Appeal Application | Appellant's Signature |
| Appellant's Name/Last | First | Middle | | | | | | | | | | | | | | |
| Mailing Address | Number | Street | | | | | | | | | | | | | | |
| City | State | Zip | | | | | | | | | | | | | | |
| Telephone | | | | | | | | | | | | | | | | |
| Date of Debrief | | | | | | | | | | | | | | | | |
| Date Submitting Appeal Application | | | | | | | | | | | | | | | | |
| Appellant's Signature | | | | | | | | | | | | | | | | |

NOTE: The appeal shall only be limited to the information that was provided in the statement of qualification package and the assigned scores; the appeal cannot introduce information or evidence that was not part of the consultant's original application packet. **Any supplemental information used on or in conjunction with this form will deem this application incomplete and will invalidate the appeal.** Incomplete applications will be returned with the appeal fee. Only one appeal can be filed per subject area. An appeal can only be filed after the debrief has occurred.

Professional Qualifications (20 points max.)

| | | |
|------------------------------|--|-------------------------------|
| Score Received: _____ | Appealing Score? <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Score: _____ |
|------------------------------|--|-------------------------------|

Explain why the received score was not adequate based only on the information provided in your original statement of qualifications package:

3rd Party Evaluation Comments:





**County of San Diego, PDS, Zoning Division
 APPEAL OF SCORE FOR CEQA CONSULTANT'S LIST**

Continued

| | | |
|---|--|-------------------------|
| Past Performance (40 points max.) | | |
| Score Received: | Appealing Score? <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Score: |
| <i>Explain why the received score was not adequate based only on the information provided in your original statement of qualifications package:</i> | | |
| | | |
| 3rd Party Evaluation Comments: | | |
| | | |
| Sample Of Work & Supplemental Questionnaire Responses (20 points max.) | | |
| Score Received: | Appealing Score? <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Score: |
| <i>Explain why the received score was not adequate based only on the information provided in your original statement of qualifications package:</i> | | |
| | | |
| 3rd Party Evaluation Comments: | | |
| | | |
| Specialized Experience/Technical Competence (15 points max.) | | |
| Score Received: | Appealing Score? <input type="checkbox"/> Yes <input type="checkbox"/> No | Requested Score: |
| <i>Explain why the received score was not adequate based only on the information provided in your original statement of qualifications package:</i> | | |
| | | |
| 3rd Party Evaluation Comments: | | |
| | | |

5510 OVERLAND AVE, SUITE 110, SAN DIEGO, CA 92123
 For any questions, please email us at: PDSZoningPermitCounter@sdcounty.ca.gov
<http://www.sdcounty.ca.gov/pds>



County of San Diego, PDS, Zoning Division
APPEAL OF SCORE FOR CEQA CONSULTANT'S LIST

Continued

Availability of Consultant (5 points max.)

Score Received: Appealing Score? Yes No Requested Score:

Explain why the received score was not adequate based only on the information provided in your original statement of qualifications package:

3rd Party Evaluation Comments: