

Mono County Community Development Department

PO Box 347
Mammoth Lakes CA, 93546
760.924.1800, fax 924.1801
commdev@mono.ca.gov

Planning Division

PO Box 8
Bridgeport, CA 93517
(760) 932-5420, fax 932-5431
www.monocounty.ca.gov

APPEAL APPLICATION

*** In order to be valid,
appeal must be filed **within**
10 days of action date.

APPLICATION # _____	FEE \$ _____
DATE RECEIVED _____	RECEIVED BY _____
RECEIPT # _____	CHECK # _____ (NO CASH)

APPELLANT _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE (_____) _____ E-MAIL _____

APPLICATION # BEING APPEALED _____

DATE OF ACTION _____ **DATE OF APPEAL** _____

NATURE OF APPEAL: Describe what is being appealed. If it is a condition of approval, attach a copy of the project conditions and indicate which conditions are being appealed.

REASON FOR APPEAL: Describe why the decision is being appealed.

APPLICATION SHALL INCLUDE:

- A. Completed application form.
- B. Deposit for project processing: See Development Fee Schedule. Project Applicants are responsible costs incurred above deposit amount.

I CERTIFY UNDER PENALTY OF PERJURY THAT I am: legal owner(s) of the subject property, corporate officer(s) empowered to sign for the corporation or authorized legal agent, or other interested party.

Signature

Signature

Date