



City of La Quinta
 Planning Department
 78-495 Calle Tampico
 La Quinta, California 92253
 (760) 777-7125 FAX: (760) 777-1233

OFFICE USE ONLY

Case No. _____
 Date Rec'd _____
 Fee: _____
 Related Apps.: _____

 Logged in by: _____

***Application for
 Appeal of Findings and/Or Conditions***

Appellant's Name _____ Date _____

Mailing Address _____
 _____ Phone: () _____

Resolution # and Condition(s) of Approval being appealed _____

Any development review action may be appealed pursuant to Section 9.220.120 of the Zoning Code.

Please identify the type of application:

Type of Appeal:

- | | |
|--|--|
| <input type="checkbox"/> Change of Zone | <input type="checkbox"/> Tentative Tract Map |
| <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Tentative Parcel Map |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Site Development Permit |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Temporary Use Permit |
| <input type="checkbox"/> Minor Use Permit | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public Nuisance (Code Violation.) | |

Please provide sufficient information so as to make clear the substance of each of the grounds for appeal. If applicable, indicate the number of the specific condition which is being protested.

Use additional sheets if necessary.

 Signature of Appellant