



# San Bernardino County



## Land Use Services Department, Planning Division

San Bernardino County Government Center  
385 N. Arrowhead Ave., San Bernardino, CA 92415-0182  
15900 Smoke Tree Street; Hesperia, CA 92345

San Bernardino Office – (909) 387-8311 High Desert Office – (760) 995-8140  
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## APPEAL INFORMATION SHEET AND APPLICATION

Prior to its effective date, any land use decisions made by any County agency, department, office or officer may be appealed to the Planning Commission and any land use decision made by the Planning Commission may be appealed to the Board of Supervisors, except those decisions exempted per Section 86.08010(b)(2). Actions of the Board of Supervisors are final and may not be appealed.

The Planning officer’s decision to require preparation of an Environmental Impact Report (EIR) may be appealed to the Planning Commission for final decision

An appeal must be filed prior to the effective date for the project action being appealed. Land use decisions made by the Planning Commission become effective 11 days after the action. Decisions made by a reviewing authority, other than the Planning Commission are effective 11 days after the written decision has been mailed.

### **FEES:**

Fees must be submitted at the time of submittal of a completed Appeal Application and must be a check or money order made payable to “San Bernardino County.” **Fees for appeals submitted by persons other than the applicant and for applicants of average cost (set fee) projects are:**

Appeal to the Planning Commission (L695)	\$1,490.00
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Appeal to the Board of Supervisors (L696)	
Amount paid to Planning	\$1,192.00
Amount paid to the Clerk of the Board	\$700.00

**Appeals by the applicant of actual cost projects will be charged to the actual cost deposit as follows:**

**“Actual Cost Initial Deposit”** – *If* your Appeal is to be processed as an “actual cost” application, your money is deposited into an account and the reviewing staff records the time spent processing your application. Your account is then charged for the staff time at established hourly rates (\$65 to \$160/hr). You are responsible for all charges made to the project account. If account funds are depleted an additional deposit will be required. If an additional deposit is required it must be paid to allow staff to continue processing. Any failure to pay the required deposit will result in suspension and possible termination of the review process. For more information on fees, please contact County Planning.

# APPEAL APPLICATION

Complete all portions of this application. If you believe that an item does not apply to your appeal, mark it "N/A". Do not leave any blank spaces.

You may attach additional pages or other documentation to this application.

Project Action Date: \_\_\_\_\_

File/Index #: \_\_\_\_\_

Building Permit No.: \_\_\_\_\_

Project Applicant(s): \_\_\_\_\_

Appellant's Name (s): \_\_\_\_\_

Appellant's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Assessor's Parcel No. of Subject Property: \_\_\_\_\_

General Location of Property: \_\_\_\_\_

Community/Area: \_\_\_\_\_

1. I/We hereby appeal to the San Bernardino County: (check one)

**Planning Commission** from action by: (check one)

Director of Land Use Services

Division Chief of Environmental Health Services (EHS)

Director of Transportation/Flood Control/Surveyor

**Board of Supervisors** from action by the County Planning Commission.

To be completed by County Staff: Filing Date: \_\_\_\_\_ Project No.: \_\_\_\_\_ JCS Project No.: \_\_\_\_\_

2. I/We are appealing the project action taken to:

**DENY** the project

**DENY** the project without prejudice

**APPROVE** the project

**APPROVE** the project with conditions. (Attached a copy of the conditions, if they are the subject of the appeal).

**ADOPT** a Negative Declaration

**OTHER** (specify) \_\_\_\_\_

3. Detail what is being appealed and what action or change you seek. Specifically address the findings, mitigation measure, conditions and/or policies with which you disagree. Also state exactly what action/changes you would favor.

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4. State why you are appealing. Be specific. Reference any errors or omissions. Attach any supporting documentation, including any Conditions of Approval that are being appealed.

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I/We certify that I/we are the:

Legal Owner(s)

\_\_\_\_\_  
[Signature of Appellant(s)]

Authorized Legal Agent(s)

\_\_\_\_\_  
[Signature of Appellant(s)]

Other Interested Person(s)

Date: \_\_\_\_\_