



# APPEAL OF PLANNING COMMISSION ACTION

SAN JOAQUIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
1810 E. HAZELTON AVENUE, STOCKTON CA 95205  
BUSINESS PHONE: (209) 468-3121  
Business Hours: 8:00 a.m. to 5:00 p.m. (Monday through Friday)

## APPLICATION PROCESSING STEPS

**STEP 1 CHECK WITH STAFF** - Development Services Staff will explain the requirements and procedures to you and give you the deadline for filing the appeal. Generally an appeal must be filed within 10 days of the Staff's action.

### STEP 2 SUBMIT YOUR APPLICATION - When you apply, file all of the following:

- **FEE** The staff will let you know the current cost of filing an application. Make checks payable to the San Joaquin County Treasurer.
- **FORM** One (1) copy of the completed application information forms (attached) which all owners must sign.
- **APPLICATION COMPLETE** Staff will check your application. (Your application cannot be processed until it is complete.)

### STEP 3 APPLICATION PROCESSING

- **ACTION** A public hearing will be scheduled before the Board of Supervisors. At the conclusion of the hearing the Board will take action to deny, uphold or partially uphold the appeal.
- **FINAL ACTION** The Board of Supervisors action is final. The staff will send you the results of the final action.
- **ADDITIONAL ACTION** The filing of an appeal prevents the staff from approving any additional permits for the project until final action is effective on the appeal.



# APPLICATION – APPEAL OF PLANNING COMMISSION ACTION

## SAN JOAQUIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

FILE NUMBER: - \_\_\_\_\_

### TO BE COMPLETED BY THE APPLICANT PRIOR TO FILING THE APPLICATION

#### APPLICANT INFORMATION

Name:

Address:

Phone:

#### BASIS FOR APPEAL

Be thorough in your statement, because only the findings and facts you raise in your appeal statement will be included in the staff's report to the Board of Supervisors. (Attach additional sheets if necessary.)

Action being appealed:

Date of Planning Commission action:

State the basis of the appeal. List any findings of fact made by the staff which you feel were wrong and your reasons:

List any condition(s) and or findings being appealed and give reasons why you think it should be modified or removed:

#### SIGNATURE

Signature:

Date:

#### STAFF USE ONLY

Remarks:

Date appeal filed:

Fee:

Receipt No:

Appeal Accepted by: