



# CITY OF **ARROYO GRANDE** CALIFORNIA

## **APPEAL TO THE CITY COUNCIL OF THE CITY OF ARROYO GRANDE**

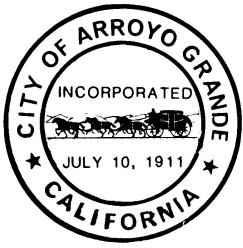
The Arroyo Grande Municipal Code permits any person to appeal to the City Council any denial, approval, suspension, or revocation of a license, permit, or entitlement of any nature, the determination or issuance of which is under any of the provisions of the Code, or to any administrative decision made by any City official.

Appeals must be made in writing within ten (10) calendar days following the date of action for which the appeal is made. In the event the last day of the filing period falls on a non-business day, the appeal period will be extended to include the next business day. The appeal must be on a form provided by the Director of Legislative and Information Services/City Clerk.

Except in cases of emergency, when the Council may determine the matter immediately, or where state law prescribes a different appeal process, the Director of Legislative and Information Services/City Clerk will set the matter for hearing at the next reasonably available Council meeting, but in no event later than sixty (60) calendar days after the date of the filing.

The Council's authority to review the decision being appealed is not limited to the original reason stated for the appeal. The Council may review and take action on all determinations, interpretations, decisions, judgments, or similar actions taken, and is not limited to the reasons stated for the appeal.

In filling out the appeal form, please state your case as clearly as possible, setting out all of the facts, conditions, and considerations. You should attend the City Council hearing to state your case, and be questioned on the matter.



## APPEAL TO THE CITY COUNCIL OF THE CITY OF ARROYO GRANDE

Date \_\_\_\_\_

Name and Address of Appellant \_\_\_\_\_

\_\_\_\_\_

Appeal of \_\_\_\_\_

Case No. \_\_\_\_\_

Approved/Denied by \_\_\_\_\_ on \_\_\_\_\_

Date

Reason for Appeal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fee - \$1,163      Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Director of Legislative and Information Services/City Clerk