

**Mono County  
Community Development Department**

P.O. Box 347  
Mammoth Lakes, CA 93546  
(760) 924-1800, fax 924-1801  
commdev@mono.ca.gov

**Planning Division**

P.O. 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 for Parcel Maps or Tract Maps,  
or 15 days for all other appeals.

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.

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