

**Mono County  
Community Development Department**

PO Box 347  
Mammoth Lakes, CA 93546  
760-924-1800, fax 924-1801  
commdev@mono.ca.gov

**Planning Division**

PO 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.

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.<sup>1</sup>

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

<sup>1</sup> Project Applicants are responsible for actual costs incurred by County above deposit amount.