



CITY OF TEMECULA

PLANNING DIVISION

41000 Main Street

Temecula, CA 92590

951-694-6400

TemeculaCA.gov/planning

APPEAL

IMPORTANT NOTICE:

Appeals must be filled within **15 calendar days** following the date of action by the approval body.

Introduction

This handout summarizes Temecula's appeal requirements. Appeal requirements are specified in Section 17.03.090 of the Temecula Municipal Code.

What is the purpose of an Appeal?

The purpose of the appeal procedure is to provide a method of recourse for persons aggrieved by or dissatisfied with any action by the City in the administration or enforcement of the Development Code.

Who considers appealed decisions?

Approval Body	➔	Appealed To
Planning Director		Planning Commission
Planning Commission		City Council

How do I apply for an Appeal?

In order to file an Appeal, the following must be provided:

- A complete application must be submitted to the Planning Department (within 15 calendars days of the date of action by the acting body)
- The correct processing fee (available at TemeculaCA.gov/fees)

What information must be provided in the appeal application?

The application shall indicate the specific decision to be appealed. The specific grounds of the appeal and the relief or action sought from the Planning Commission or City Council.

What are the procedures of the appeal hearing?

During the appeal hearing the appellant is limited to a presentation of the specific grounds of the appeal and matters set forth in the appeal application. In addition, the appellant shall have the burden of establishing why the appealed action should be altered, reversed or modified.

What actions can the hearing body take?

The Planning Commission or City Council may continue the matter and at the conclusion of its consideration, may affirm, reverse or modify the action which was initially taken. In addition, the Planning Commission or City Council may take any action which might have been taken originally with the exception of a variance which cannot be approved if previously denied without specific findings being made as identified in Section 17.04.040(F) of the Development Code.

NOTE: Do not use this form for Massage Appeals. Please utilize the Massage Appeal Form located at TemeculaCA.gov/massage.



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SUBMITTAL CHECKLIST

APPLICANT ✓	STAFF ✓	# OF COPIES	SECTION	REQUIRED ITEMS Detailed instructions for each section can be found in this packet. Incomplete applications will not be accepted. Use this checklist to make sure all requirements are fulfilled.
		1	A	Completed application, signed application, and filing fee (within 15 calendar days following the date of action by an approval body).
		1	B	Written description of what action is being appealed
		1	C	Written description to support the appeal
		1	D	Evidence to support position
		1	E	Written description of desired action to be taken
		2	F	Public Hearing Requirements (two identical packages)

BEFORE SUBMITTING PLEASE REMEMBER

Fees:

Fees will be required to submit your application. Please contact a Planner at 951-694-6400 to obtain fees prior to your submittal. We suggest that you bring an additional check in-case your scope of work requires additional fees. Additional fees may be required while your application is being processed (for outside agencies, additional permitting requirements, etc...). Fees may be found at TemeculaCA.gov/planning

Appointment:

Prior to your submittal, please contact the Senior Planner to schedule an appointment at 951-694-6400.



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SECTION A APPEAL APPLICATION (PUBLIC HEARING)

NOTE: DO NOT USE THIS FORM FOR MESSAGE APPEALS. VISIT TEMECULACA.GOV/MESSAGE

PROJECT INFORMATION

Original Planning Application Number(s)

Appealing the Decision of:

- Director of Community Development
- Director's Hearing
- Planning Commission

Date of Decision

Briefly specify what action or decision is being appealed

ADDITIONAL PROJECT INFORMATION

Assessor's Parcel No(s)

Legal Description (Tract, Lot No.)

Street Address(es)

General Location

APPLICANT/REPRESENTATIVE/OWNER INFORMATION

Company

First Name

Middle Initial

Last

Street Address

City

State

Zip

Phone

E-mail

I certify that all filing requirements have been satisfied for my application. I further understand that an incomplete application cannot be accepted for processing.

Applicant's Signature



FOR STAFF USE

PLANNING APP. NO.

DATE STAMP

REC'D BY

SECTION B	DESCRIPTION OF ACTION BEING APPEALED
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Specify if appealing an action of the Planning Director or the Planning Commission. Include the date of the decision to be appealed. Include the specific action that is being appealed, complete with original Planning Application Number(s), common name of project, general location of project, and any other supporting information.

SECTION C	WRITTEN DESCRIPTION TO SUPPORT APPEAL
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Include reason or justification to support the appeal. The Appellant must submit with this appeal each issue that the appellant alleges was wrongly determined together with every agreement and a copy of every item of evidence.

SECTION D	EVIDENCE TO SUPPORT POSITION
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The burden of proof to cause the appeal action to overturn the prior decision rests with the Appellant. If the Appeal is to the City Council, only those issues that were presented during previous hearings may be addressed. New evidence or issues may or may not be considered by the Council.

SECTION E	DESIRED ACTION TO BE TAKEN
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Include a statement concerning the relief or action sought from the Planning Commission or City Council.

SECTION F	PUBLIC HEARING REQUIREMENTS
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The following information may be obtained by requesting a "radius package" from a title insurance company. A copy of the original public hearing requirements may be obtained from the original file if the file is less than six months old.

The following items will be required **prior to scheduling the application for a public hearing:**

1. **TWO** identical packages to be inserted in separate 9 1/2" x 12 1/2" manila envelopes.
These envelopes shall indicate the case number and the word "labels," and shall contain the following:
 - a. One typed set of gummed labels (**30 labels per sheet**) indicating all the property owners' names and the mailing addresses that are within a 600-foot radius of the exterior of the proposed tract boundaries (this list shall be ascertained from the last equalized assessment roll). The Planning Application Number shall be located on all label sheets.
***A minimum of the 30 nearest individual property owners (persons owning multiple properties shall only be counted once) shall be provided. Applicant is responsible for crossing out all duplicate labels.**
 - b. A photocopy of the aforementioned labels
 - c. One label for the representative/engineer
 - d. One label for the owner
2. Four typed sets of gummed labels of the owner, engineer, and representative with their mailing addresses. Do not include duplicate sets where representative and owner, etc., are the same. These should be inserted in a letter-sized envelope and stapled to the outside of one of the large manila envelopes mentioned in item 1 above.
3. Certification by the Title Company, engineer, or surveyor that the above list is complete and accurate. The Tax Assessor's Office will not prepare or certify the property owner list (see the *Property Owners Certification* form on the next page).
4. On a copy of your assessor's parcel map show all the parcels within the noticing radius. On the map, print the names of all property owners within the noticing radius as they are listed on the gummed labels.

PROPERTY OWNERS CERTIFICATION

I, _____, certify that on _____
(Print Name) (Month-day-year)

the attached property owners list was prepared by

_____ pursuant to application requirements furnished by the City of Temecula Planning Department. Said list is a complete and true compilation of owner of the subject property and all other property owners within **600 feet** (or the **30 nearest individual property owners, whichever creates the greatest number of public notices (persons owning multiple properties shall only be counted once)** of the property involved in the application and is based upon the latest equalized assessment rolls.

I further certify that the information filed is true and correct to the best of my knowledge. I understand that incorrect or erroneous information may result in processing delays or be grounds for rejection or denial of the application.

Name

Title/Registration

Address

Phone (Daytime)

Signature

Date

Planning Application No.