



CITY OF MOORPARK

COMMUNITY DEVELOPMENT DEPARTMENT | 323 Science Drive, Moorpark, California 93021
Main City Phone Number (805) 517-6200 | Fax (805) 532-2540 | www.moorparkca.gov

APPLICATION FOR APPEAL OF PLANNING COMMISSION OR COMMUNITY DEVELOPMENT DIRECTOR DECISION

Appeals may be filed by the applicant, general public, a member of Planning Commission or member of City Council. Appeals must be filed within 10 days of the final action of the decision-making authority. The appellant shall state the reasons for the appeal and relate the reasons to the required findings associated with approval/denial of the application. The appellate body shall review the project application, subject to the same type of public action process and public noticing as required for the original project application.

Project Case No.		Project Applicant	
Project Address			

In accordance with the City of Moorpark Zoning Ordinance, I hereby appeal the decision of the:

Planning Commission. Date of Decision: _____

Community Development Director. Date of Decision: _____

Decision Being Appealed: Application Approval Application Denial

Other: _____

The decision was as follows:

The grounds for the appeal are as follows (must relate to required findings for approval):

(attach additional sheets, if necessary)

I request that the appropriate decision-making body take the following action:

(attach additional sheets, if necessary)

If appellant is not the applicant, state the basis for filing this appeal as an "aggrieved person."

Appellant Name _____

Signature _____

Date _____

Appellant Address _____

City _____

State _____

Zip _____

Email: _____

Phone: _____



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APPEAL APPLICATION SUBMITTAL REQUIREMENTS

The following list, as identified by City Staff, specifies information that is required in order for you to submit your application (see also [Section 17.44.090 Moorpark Municipal Code](#)).

- Completed Application for Appeal
- Application Fee or Deposit (per adopted fee schedule)
- Fee Reimbursement Agreement
- Any supplemental information that would support your appeal (photos, data, research, etc.)
- Other: _____

CONTACT LIST

List the name, title (applicant, engineer, architect, etc.), and e-mail address for each party who should receive a copy of the notice and staff report prior to public hearings associated with the appeal. Copies will be sent electronically. Should you desire a paper copy of the report, please give your case planner a written list of names and addresses at least 10 business days prior to your hearing date. Paper copies will be mailed at an additional cost to the applicant.

Name, Title	Email Address

Attach additional sheets should you require more contacts.

Hold Harmless Statement: The applicant shall defend, indemnify and hold harmless the City and its agents, officers and employees from any claim, action or proceeding against the City or its agents, officers or employees to attack, set aside, void, or annul any approval by the City or any of its agencies, departments, commissions, agents, officers, or employees concerning this entitlement approval, which claim, action or proceeding is brought within the time period provided therefore in Government Code Section 66499.37 or other sections of state law as applicable and any provision amendatory or supplementary thereto. The City will promptly notify the applicant of any such claim, action or proceeding, and, if the City should fail to do so or should fail to cooperate fully in the defense, the applicant shall not thereafter be responsible to defend, indemnify and hold harmless the City or its agents, officers and employees pursuant to this condition. a. The City may, within its unlimited discretion, participate in the defense of any such claim, action or proceeding if both of the following occur: i. The City bears its own attorney fees and costs; ii. The City defends the claim, action or proceeding in good faith. b. The applicant shall not be required to pay or perform any settlement of such claim, action or proceeding unless the settlement is approved by the applicant. The applicant's obligations under this condition shall apply regardless of whether a permit is approved, denied, withdrawn, or appealed for the requested application.

STAFF USE ONLY BELOW THIS LINE

Date Filed: _____ Case Planner: _____
 Fee Paid \$ _____ Reviewed by: _____



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REIMBURSEMENT AGREEMENT (Required for Appeals of Planning Commission Decisions)

I hereby authorize the City of Moorpark to review the submitted application for appeal for the named project in accordance with the Moorpark Municipal Zoning Code.

I am herewith depositing \$_____ to fund staff review, coordination, and processing of my application on actual hours billed and associated costs incurred by the City. I understand that if the final cost is less than the deposit fee, the unexpended portion will be refunded after receipt and approval of a written request. I further understand that if the final cost is more than the deposit fee, I shall pay the balance due within 30 days of receiving billing from the City. I also understand that the City Council may modify staff billing rates. If during the course of processing such plans, the applicable billed fees and charges have not been paid, the City may suspend processing the appeal upon the failure to pay said fees and charges.

PROJECT ADDRESS	
PROJECT NAME	

DESIGNATED AGENT	
Name	
Address	
City, State and Zip Code	
Phone	
Email	
Signature	Date

PROPERTY OWNER	
Name	
Address	
City, State and Zip Code	
Phone	
Email	
Signature	Date

*If partnership, corporation, or other type of company other than a sole owner, list officer(s) authorized to act on behalf of the corporation and attach a copy of articles of incorporation, partnership, or other legal documentation to substantiate signatures on behalf of the entity.

STAFF USE ONLY	PROJECT CASE NUMBER:
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