



PROCEDURE FOR APPEAL OF BOARD OF ZONING ADJUSTMENT DECISIONS

Applications for Appeal forms are available in the Community Development Department. Appeals shall be filed in with the Planning Commission Secretary within ten (10) working days from the date of the decision of the Board of Zoning Adjustment.

The fee for filing an appeal to the Planning Commission is \$875 payable at the time of filing the *Application for Appeal*, on the following BZA matters:

- Ancillary Game Arcade
- Building Relocation (moved building)
- Certificate of Compliance
- Conditional Use Permit (MINOR)
- Cul-de-sac waivers
- Film Permit
- Medical offices/clinics in residential zones
- Model Home Permit
- Nonconforming uses and buildings
- Parcel Map Waivers
- Special Use Permits
- Lot line adjustment
- Tentative Tract Map – Rephasing

Appeals of all decisions are made pursuant to the procedures in Chapter 17.95 of the Corona Municipal Code and shall be heard by the Community Development Commission acting as the Board of Appeals.

If applicable, an 8-1/2" x 11" reduction of the map depicting the location of the property under appeal and an acetate of the reduction must be submitted with the appeal application.

All appeals shall state clearly the grounds for the appeal and the specific factual or legal errors by the Board of Zoning Adjustment on which the appeal is based.

Upon receipt of the *Application for Appeal* and the appeal fee, the Community Development Commission Secretary shall set a date for a public hearing before the Community Development Commission and the appellant shall be notified in accordance with the law.

After the Community Development Commission hears the appeal, the City Council shall be notified of the Community Development Commission's determination. The City Council may initiate a review of the Commission's determination; however, all Commission determinations on appeals not reviewed by the City Council are final twenty-one (21) days after Commission action. The City Council is the final decision-making body.

Revised 7/1/2016

G:\docs\apps\application requirements\appeal bza decision



**APPLICATION FOR APPEAL OF
BOARD OF ZONING ADMJUSTMENT DECISION**

APPLICATION NO. _____

APPELLANT/COMPANY NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE _____ **CONTACT PERSON** _____

Please state the basis for the appeal and include any supporting evidence. If applicable, indicate the number of the specific condition which is being protested. **AN APPEAL OF THE CONDITIONS OF APPROVAL SHALL BE DEEMED AS AN APPEAL OF THE ACTION AS A WHOLE.**

Use additional sheets as necessary.

Date

Appellant's Signature