



PROCEDURES FOR APPEAL OF ZONING ADMINISTRATOR DECISIONS

Application for Appeal forms is available in the Community Development Department. Appeals shall be filed in triplicate with the Community Development Commission Secretary within ten (10) working days from the date of the decision of the Zoning Administrator's decision.

The fee for filing an appeal to the Community Development Commission is \$875.00, payable at the time of filing the *Application for Appeal*, on the following Zoning Administrator (ZA) matters:

- Alcoholic Beverage Permit
- Minor Variance
- Parking Determination
- Freeway signage in the commercial and industrial zones.
- Temporary Use Permit
- Telecommunications Facility Review

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 Zoning Administrator 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 appeal is heard by the Community Development Commission, 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

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**APPLICATION FOR APPEAL OF
ZONING ADMINISTRATOR 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