



**City of Orange**  
**Community Development Department**  
**300 E. Chapman Avenue**  
**Orange, CA 92866**  
**714-744-7220**

**APPEAL APPLICATION**

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**APPEAL APPLICATION NO.** \_\_\_\_\_

This application must be filled out completely. Any appeal shall be filed with the Community Development Department Planning Division *within fifteen (15) calendar days after the hearing or action from which the appeal is made* (OMC Section 17.08.050 C). The \$1000.00 filing fee (initial deposit – actual cost required) must accompany the appeal.

Name of Appellant(s) \_\_\_\_\_

Address of Appellant(s) \_\_\_\_\_

Phone No. (day) \_\_\_\_\_ (cell) \_\_\_\_\_

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**PROJECT INFORMATION:**

Appeal of action on case number: \_\_\_\_\_

Project address: \_\_\_\_\_

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**REASON FOR REQUEST:** Please specify and explain WHY you are appealing the decision or determination and indicate specifically the error or abuse of discretion (OMC Section 17.08.050 C).

\_\_\_\_\_  
 Signature of Appellant (or representative)      Date

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PLANNING DIVISION USE ONLY: Date of hearing or decision and hearing body \_\_\_\_\_

Application checked by \_\_\_\_\_ Date & Time Received \_\_\_\_\_