

APPLICATION TO APPEAL TO THE

City of Hawthorne Planning Department

Date Filed:_____ Filing fee:_____ Application No._____

Note to the appellant: Pursuant to the Hawthorne Municipal Code appeals may be filed with the City Planning Department on this form and heard by the City Planning Commission at a regularly scheduled meeting.

I / We, appellant(s) hereby appeal the decision of an administrative officer of the Hawthorne Planning Department and ask that the Hawthorne Planning Commission reverse, or modify the action taken or the decision made.

Address of Subject Property:_____

Appellant Name:_____

Appellant Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

Name of Business:_____

Business Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

Property Owner:_____

Property Owner Address:_____

City, State, Zip:_____

Phone:_____ Fax:_____

Describe the action or decision being appealed: (Attach additional sheets if necessary)

I/We appellant(s) of the case involved in this application, dispose and say that I/We have prepared the foregoing appeal and that the statements and information contained therein are in all respects true and correct to the best of my/our knowledge and belief, and that said information, so far as I am/we are aware, is complete and represents all of the evidence and opinion that bears on the case, refers to no facts or evidence not introduced previously.

Signature:_____ Date:_____