City of Malibu

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COMMUNITY DEVELOPMENT DEPARTMENT
COASTAL DEVELOPMENT PERMIT
NOTICE OF APPEAL CHECKLIST

Actions Subject to Local Appeal: Pursuant to Local Coastal Program (LCP) Local Implementation Plan (LIP) Section 13.20.1 (Local Appeals), a decision or any portion of the decision of the Community Development Director may be appealed to the Planning Commission by an aggrieved person, and any decision of the Planning Commission may be appealed to the City Council by an aggrieved person.

Deadline and Fees: Pursuant to LIP Section 13.20.1, an appeal shall be filed with the City Clerk within 10 days following the date of action for which the appeal is made, as indicated in the decision. If the tenth day falls on a weekend or a City-recognized holiday, the deadline shall extend to the close of business at City Hall on the first business day (whether whole or partial) following the weekend or a City-recognized holiday. Appeals shall be accompanied by the filing fee of $750 as specified by the City Council.

To perfect an appeal, the form must be completed, together with all the necessary attachments, and must be timely received by the City Clerk in person at Malibu City Hall, 23825 Stuart Ranch Road, Malibu, CA 90265. For more information, contact Rebecca Evans, Senior Management Analyst, at (310) 456-2489, extension 246.

Part I. Project Information

1. What is the file number of the Coastal Development Permit you are appealing?

   _____

2. On what date was the decision made which you are appealing?

   _____

3. Who made the decision you are appealing?

   ☐ Community Development Director ☐ Planning Commission

4. What is the address of the project site at issue?

   _____

Part II. Appeal Summary

1. Indicate your interest in the decision by checking the appropriate box.

   ☐ I am the Applicant for the project

   ☐ I am the neighbor

   ☐ Other (describe)

   _____
   _____

2. If you are not the applicant, please indicate the applicant's name:
   _____

3. Indicate the nature of your appeal.

   a) Are you appealing the ☐ approval or ☐ the denial of the application or ☐ a condition of approval?

   b) Each approval is accompanied by a list of specific conditions. If you are appealing one or more of the conditions of approval, list the condition number and state the grounds for your appeal. (Attach extra sheets if necessary.)

      _____
      _____

4. Check the appropriate box(es) to indicate which of the following reasons forms the basis of your appeal (See MMC Section 17.04.220(C) for details.):

   ☐ The findings or conditions are not supported by the evidence, or the decision is not supported by the findings: or

   ☐ There was a lack of fair or impartial hearing: or

   ☐ The decision was contrary to law.

   You must next provide a specific statement in support of each of the bases for appeal that you have checked above. Appeals that are stated in generalities, legal or otherwise, are not adequate. Attach extra sheets if necessary.

   _____
   _____
   _____

Each coastal development permitting decision made by the Community Development Director or the Planning Commission is accompanied by written findings. The written findings set forth the basis for the decision. If you have checked the first box in this section as a ground for your appeal, you must indicate the specific finding(s) you disagree with and give specific reasons why you believe the finding(s) is/are not supported by the evidence or why the decision is not supported by the findings. Appeals stated in generalities, legal or otherwise, are not adequate. (Attach extra sheets if necessary.)

_____
_____
_____
_____
_____
_____
_____
_____
_____

Part III. Appeal Checklist

ALL of the following must be timely filed in person to perfect an appeal.

1. ☐ Completed Appeal Checklist (This form with appellant's signature)

2. ☐ Appeal Fee $750

   The currently adopted appeal fee must be submitted in the form of a check or money order made payable to the City of Malibu. Cash will not be accepted.

3. ☐ Certified Mailing Data and Radius Map for Public Notice to Property Owners and Occupants
   - The addresses of the property owners and occupants within the mailing radius shall be provided in a Microsoft Excel spreadsheet emailed to planningadmin@malibucity.org. The spreadsheet shall have the following column headers in row one: 1) name, 2) address, 3) city, state & zip code, and 4) parcel (for APN). The owners should be listed first followed by the occupants. The project applicant's mailing address should be added at the end of the list.
   - An additional column for "arbitrary number" may be included if the supplied radius map utilizes such numbers for the purpose of correlating the addressee to their map location.
   - Printouts of the excel spreadsheet and radius map, certified by the preparer as being accurate, must be provided.
   - The radius map (8½" x 11") shall show a 500-foot radius* from the subject property and must show a minimum of 10 developed properties. A digital PDF of the map shall be submitted.

   *Properties zoned RR-10, RR-20, or RR-40 require a 1,000-foot radius notification.

Part IV. Signature and Appellant Information

I hereby certify that the appeal submittal contains all of the above items. I understand that if any of the items are missing or otherwise deficient, the appeal is ineffective and the filing fee may be returned. IN ORDER TO PERFECT AN APPEAL, ALL APPEAL SUBMITTALS MUST BE COMPLETE BY THE DEADLINE. NO EXTENSIONS WILL BE ALLOWED FOR APPELLANTS WHO ONLY PARTIALLY COMPLY WITH THESE REQUIREMENTS AS OF THE DEADLINE. IF AN APPEAL IS NOT PERFECTED BY THE DEADLINE, THE DECISION BECOMES FINAL.

_____ _____
PRINT APPELLANT'S NAME TELEPHONE NUMBER

_____ _____
APPELLANT'S SIGNATURE DATE

Appellant's mailing address: _____

Appellant's email address (printed): _____

OFFICE USE ONLY

Action Appealed: _____

Appeal Period: _____

Date Appeal Form submitted:_____ Received by:_____

Date Grounds of Appeal Letter submitted:_____ Received by:_____

Date Mailing Data / Radius Map submitted:_____ Received by:_____

Appeal Completion Date:_____ By:_____
Name, Title