



# City of Half Moon Bay

Planning Department  
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## APPEAL FORM

ACTION OF CITY BEING APPEALED: \_\_\_\_\_

PROJECT OR REFERENCE NUMBER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE OF ACTION: \_\_\_\_\_

DATE APPEAL PERIOD ENDS \_\_\_\_\_  
(If Applicable)

NAME OF APPELLANT: \_\_\_\_\_  
(Please Print)

ADDRESS: \_\_\_\_\_

PHONE NUMBER AND EMAIL: \_\_\_\_\_

SIGNATURE OF APPELLANT: \_\_\_\_\_

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### STAFF USE ONLY

Action Appealable to Coastal Commission  Yes  No

Subject to City Appeal Fee Per Master Fee Schedule  Yes  No

City Fee Collected: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Please Attach a Separate Statement of Appeal That Describes in Detail the Grounds for the Appeal and the Relief Being Sought