



City of Half Moon Bay

Planning Department
501 Main Street Half Moon Bay CA 94019
Phone: 650.726.8250 / Fax: 650.726.8261

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: _____

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