



CITY OF SANTA MARIA
110 E. COOK STREET, SANTA MARIA, CA 93454
(805) 925-0951 ♦ FAX (805) 925-2243
www.cityofsantamaria.com



APPEALS TO THE CITY COUNCIL

The Santa Maria Municipal Code permits an applicant or other person who is not satisfied with the action of the Planning Commission, Recreation and Parks Commission, or certain Department Director decisions, to appeal the decision to the City Council.

Appeals must be filed with the City Clerk's office on the attached form within fourteen (14) calendar days of the date of the final action of the Planning Commission, Recreation and Parks Commission or certain Department Director on an application or within ten (10) days for other appeals. You will be notified of the specific appeal period by the appropriate department. **The filing fee must be paid at the time the appeal is filed. Contact the City Clerk's Office to obtain the Appeal filing fee rate.**

The City Clerk's office will then set a hearing on the matter before the City Council for the next available meeting. The City Council may affirm, overturn, revise or modify the decision of the Commission.

When completing the appeal application, please state your case as clearly as possible, setting out all facts, conditions and considerations concerning your case under "Reason for Appeal" on the attached form.

You will be notified of the date of the City Council meeting at which your appeal will be heard. It will be necessary for you, or a representative who can speak on your behalf, to be present at that meeting.

Should you have any questions regarding the appeal process, please contact the City Clerk's office at (805) 925-0951 ext. 2306.

Attachment: Appeal Form



City of Santa Maria Appeal to City Council

OFFICIAL USE ONLY	Amount Paid
	Receipt #

Name(s) of Appellant(s)	Telephone No(s).
1)	1)
2)	2)
3)	3)
Address(es) of Appellant(s)	Email Address(es)
1)	1)
2)	2)
3)	3)
Mailing Address(es) (if different from above)	
1)	
2)	
3)	
Application(s)/Request being appealed	
Applicant if other than appellant	
Commission/Dept. Director Action	Date of Action
Project Location	
Project Description	
Reason for Appeal	
Signature(s) of Appellant(s)	Date
1)	
2)	
3)	