CITY OF COSTA MESA
P. O. Box 1200
Costa Mesa, CA 92628-1200 **FEE: $_____**

APPLICATION FOR REVIEW, APPEAL OR REHEARING

Applicant Name _____

Address _____

Phone _____ Representing*_____

REQUEST FOR: ☐ **REVIEW**** ☐ **APPEAL** ☐ **REHEARING**

Decision of which review, appeal or rehearing is requested: (give number of rezone, zone exception, ordinance, etc., if applicable, and the date of the decision, if known.) _____

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_____ Decision by: ___

_____Reasons for requesting review, appeal or rehearing: _____

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Date: _____ Signature: _____

For office use only – do not write below this line

SCHEDULED FOR THE CITY COUNCIL/PLANNING COMMISSION MEETING OF:
If review, appeal or rehearing is for person or body other than City Council/Planning Commission, date of hearing of review, appeal or rehearing:

* If you are serving as the agent for another person, please identify the person you represent and provide proof of agency.
** Review may be requested only by City Council or City Council Member
Costa Mesa/Forms1/Application for Review-Appeal-Rehearing