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Appeal of Planning Commission Decision - \$1,220.00  
 Appeal of Zoning Administrator/Board Decision - \$490.00

CITY OF COSTA MESA  
BY BG

APPLICATION FOR APPEAL OR REVIEW

Applicant Name\* Kristen Ford

Address 2900 Bristol St., Suite B-300, Costa Mesa, CA 92626

Phone 949-467-9213 Representing Solid Landings Behavioral Health

REQUEST FOR:  APPEAL  REVIEW\*\*

Decision of which appeal or review is requested: (give application number, if applicable, and the date of the decision, if known.)

Appeal of the Planning Commission's denial on June 8, 2015 of Zoning Administrator's approval of a minor conditional use permit allowing a deviation from parking requirements for the building at 657 W. 19th Street (Application ZA-15-01).

Decision by: Planning Commission

Reasons for requesting appeal or review:

The decision of the Planning Commission overruling the Zoning Administrator of approval of a minor conditional use permit to deviate from parking requirements for the applicant's group counseling facilities at 657 W. 19th Street denied the applicant a fair hearing on the following grounds:

1. The findings of the Planning Commission supporting the decision cannot be justified in fact or in law.
2. The decision of the Planning Commission was based on unsubstantiated testimony and evidence introduced by the appellant without opportunity for the applicant to review or respond resulting in a denial of due process of law.
3. The Planning Commission's decision resulted in a denial of the applicant's rights as a protected class under the American's With Disabilities Act and other state and federal anti-discrimination laws.

Due to scheduling conflicts, I am respectfully requesting this appeal to be set for hearing at the July 21, 2015 meeting of the City Council.

Date: June 12, 2015

Signature: [Handwritten Signature]

\*If you are serving as the agent for another person, please identify the person you represent and provide proof of authorization.  
\*\*Review may be requested only by Planning Commission, Planning Commission Member, City Council, or City Council Member

For office use only – do not write below this line

SCHEDULED FOR THE CITY COUNCIL/PLANNING COMMISSION MEETING OF:

If appeal or review is for a person or body other than City Council/Planning Commission, date of hearing of appeal or review: