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CITY OF COSTA MESA
BY [Signature]

Appeal of Commission Decision - \$1,220.00
Appeal of Zoning Administrator/Staff Decision - \$690.00
(FEES MUST BE PAID IN FULL AT TIME OF FILING APPEAL)

APPLICATION FOR APPEAL OR REVIEW

Applicant Name* Sandra Genis
Address: 77 Fair, Costa Mesa
Phone: 714-754-0814 Representing: _____

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.)

PA-16-55: CONDITIONAL USE PERMIT TO ALLOW LIVE ENTERTAINMENT AND ONSITE VALET PARKING AT 719 WEST 19TH STREET (HOLIDAY), September 12, 2016.

Decision by: Planning Commission
Reasons for requesting appeal or review:
Neighborhood concerns re noise and ABC license.

Date: 19 Sept. 2016 Signature: [Signature]

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

For office use only — do not write below this line

REV 9-1-15

SCHEDULED FOR THE CITY COUNCIL/COMMISSION MEETING OF: