CITY OF OAKLAND
APPEAL FORM
FOR DECISION TO PLANNING COMMISSION, CITY COUNCIL OR HEARING OFFICER

PROJECT INFORMATION

Case No. of Appealed Project: ____________________
Project Address of Appealed Project: ____________________________________________
Assigned Case Planner/City Staff: ____________________________________________

APEPELLANT INFORMATION:

Printed Name: ___________________________ Phone Number: ______________________
Mailing Address: ___________________________ Alternate Contact Number: __________
City/Zip Code ___________________________ Representing: ______________________
Email: __________________________________

An appeal is hereby submitted on:

☐ AN ADMINISTRATIVE DECISION (APEALABLE TO THE CITY PLANNING COMMISSION OR HEARING OFFICER)

YOU MUST INDICATE ALL THAT APPLY:

☐ Approving an application on an Administrative Decision
☐ Denying an application for an Administrative Decision
☐ Administrative Determination or Interpretation by the Zoning Administrator
☐ Other (please specify) ______________________________________________________

Please identify the specific Administrative Decision/Determination Upon Which Your Appeal is Based Pursuant to the Oakland Municipal and Planning Codes listed below:

☐ Administrative Determination or Interpretation (OPC Sec. 17.132.020)
☐ Determination of General Plan Conformity (OPC Sec. 17.01.080)
☐ Design Review (OPC Sec. 17.136.080)
☐ Small Project Design Review (OPC Sec. 17.136.130)
☐ Minor Conditional Use Permit (OPC Sec. 17.134.060)
☐ Minor Variance (OPC Sec. 17.148.060)
☐ Tentative Parcel Map (OMC Section 16.304.100)
☐ Certain Environmental Determinations (OPC Sec. 17.158.220)
☐ Creek Protection Permit (OMC Sec. 13.16.450)
☐ Creek Determination (OMC Sec. 13.16.460)
☐ City Planner’s determination regarding a revocation hearing (OPC Sec. 17.152.080)
☐ Hearing Officer’s revocation/impose or amend conditions (OPC Sec. 17.152.150 &/or 17.156.160)
☐ Other (please specify) ______________________________________________________

(Continued on reverse)
A DECISION OF THE CITY PLANNING COMMISSION (APPEALABLE TO THE CITY COUNCIL) □ Granting an application to: OR □ Denying an application to:

YOU MUST INDICATE ALL THAT APPLY:

Pursuant to the Oakland Municipal and Planning Codes listed below:

- Major Conditional Use Permit (OPC Sec. 17.134.070)
- Major Variance (OPC Sec. 17.148.070)
- Design Review (OPC Sec. 17.136.090)
- Tentative Map (OMC Sec. 16.32.090)
- Planned Unit Development (OPC Sec. 17.140.070)
- Environmental Impact Report Certification (OPC Sec. 17.158.220F)
- Rezoning, Landmark Designation, Development Control Map, Law Change (OPC Sec. 17.144.070)
- Revocation/impose or amend conditions (OPC Sec. 17.152.160)
- Revocation of Deemed Approved Status (OPC Sec. 17.156.170)
- Other (please specify) ____________________

FOR ANY APPEAL: An appeal in accordance with the sections of the Oakland Municipal and Planning Codes listed above shall state specifically wherein it is claimed there was an error or abuse of discretion by the Zoning Administrator, other administrative decisionmaker or Commission (Advisory Agency) or wherein their/its decision is not supported by substantial evidence in the record, or in the case of Rezoning, Landmark Designation, Development Control Map, or Law Change by the Commission, shall state specifically wherein it is claimed the Commission erred in its decision. The appeal must be accompanied by the required fee pursuant to the City’s Master Fee Schedule.

You must raise each and every issue you wish to appeal on this Appeal Form (or attached additional sheets). Failure to raise each and every issue you wish to challenge/appeal on this Appeal Form (or attached additional sheets), and provide supporting documentation along with this Appeal Form, may preclude you from raising such issues during your appeal and/or in court. However, the appeal will be limited to issues and/or evidence presented to the decision-maker prior to the close of the public hearing/comment period on the matter.

The appeal is based on the following: (Attach additional sheets as needed.)

Supporting Evidence or Documents Attached. (The appellant must submit all supporting evidence along with this Appeal Form; however, the appeal will be limited evidence presented to the decision-maker prior to the close of the public hearing/comment period on the matter.)

(Continued on reverse)
(Continued)

Signature of Appellant or Representative of Appealing Organization

Date

TO BE COMPLETED BY STAFF BASED ON APPEAL TYPE AND APPLICABLE FEE

APPEAL FEE: $_________________

Fees are subject to change without prior notice. The fees charged will be those that are in effect at the time of application submittal. All fees are due at submittal of application.

Date/Time Received Stamp Below:       Below For Staff Use Only

Cashier’s Receipt Stamp Below: