



Butte County Department of Development Services

PERMIT CENTER

7 County Center Drive, Oroville, CA 95965
Main Phone 530.552.3701 Permit Center Phone 530.552.3699 Fax
530.538.7785

FORM NO

DPL-19

APPEAL APPLICATION (BCC §24-265 ET SEQ.)

Any decision or action made on an application by the Zoning Administrator or the Planning Commission may be appealed. Appeals filed on a decision by the Zoning Administrator will be reviewed by the Planning Commission, whereas, a decision by the Planning Commission will be reviewed by the County Board of Supervisors. An appeal of the Zoning Administrator's decision must be filed in writing to the Butte County Development Services Department by 5:00 pm on the tenth day following the date the decision was rendered, together with all required fees. If the tenth day falls on a weekend or a County holiday, the appeal must be filed by 5:00 pm on the next day on which the office is open for business. Appeals on Legal Lot Determinations and Map Time Extensions may be filed within fifteen days from the date the decision was rendered.

An appeal of the Planning Commission's decision must be filed with the Clerk of the Butte County Board of Supervisors no later than 4:00 pm on the tenth day following the decision by the Planning Commission. If the tenth day falls on a weekend or a County holiday, the appeal must be filed by 4:00 pm on the next day on which the office is open for business.

Zoning Administrator Appeal Fee: \$674.00

Submitted to:

Department of Development Services
7 County Center Drive
Oroville, CA 95965

Planning Commission Appeal Fee: \$725.00

Submitted to:

Clerk of the Board of Supervisors
25 County Center Drive, Suite 200
Oroville, CA 95965

All appeals must be filed within 10 calendar days (15 days for Legal Lot Determinations and Map Time Extensions) of the action/decision being appealed.

Once a written appeal and the required fee is received by the appropriate department, the decision on the application is suspended until the appeal is processed and a final decision is rendered by the applicable review authority.

Project / Permit Number: _____

Hearing Body/Review Authority being appealed: _____

Date of the hearing/decision subject of the appeal: _____

Action being appealed (Describe what is being appealed. If it is a condition of approval, include the condition with the appeal.)

Reason for the appeal (Describe why the decision is being appealed – Attach additional sheets as necessary)

Appellant(s) Information

Appellant Name:
Mailing Address:
Telephone:
Email:
Signature
Date:

Appellant Name:
Mailing Address:
Telephone:
Email:
Signature
Date: