



Appeal Form

County of Ventura • Resource Management Agency • Planning Division
800 South Victoria Avenue, Ventura, CA 93009 • 805 654-2488 • www.vcrma.org/divisions/planning

Appeal Number:

To: ___ Board of Supervisors
 ___ Planning Commission
 ___ PWA Advisory Agency

I hereby appeal the decision of the _____, which was given on _____, 20____.

The decision was as follows:

The grounds of appeal are (attach extra sheets as needed):

I request that the appropriate decision making body take the following action:

Name of Appellant:

Address of Appellant:

Telephone Number of Appellant:

Is the appellant a party in the application?
"aggrieved person."

. If not, state the basis for filing the appeal as an

Signature of Appellant

Date

Appeal and deposit fee of \$_____ (pursuant to fee schedule specified by Resolution No. 222 of the Ventura County Board of Supervisors) received by the Planning Division at _____(time) on _____, 20_____.

Dave Ward, AICP
Director- Planning Division

By _____

LEVINE ACT CAMPAIGN CONTRIBUTION DISCLOSURE FORM

You must submit this completed Disclosure Form to the County of Ventura (County) if you or your company are seeking approval of a discretionary land use permit, subdivision map or approval, or other discretionary land use entitlement (collectively, Entitlement).

Land use-related Entitlement applications are potentially reviewed and decided by the Board of Supervisors, Planning Commission, and Cultural Heritage Board. In making the disclosures below, please see the following websites for a list of these current County officials:

- Board of Supervisors (<https://www.ventura.org/board-of-supervisors>)
- Planning Commission webpage (<https://vcrma.org/en/planning-commissioners>)
- Cultural Heritage Board (<https://vcrma.org/en/cultural-heritage-board-members>)

Check this box if you previously completed this form and this is a supplemental disclosure

Have you or your company, or an agent on behalf of you or your company, made campaign contributions totaling more than \$250 to a County official or candidate in the past 12 months?

YES NO

If **YES**, please provide the following information (*attach separate pages as needed*):

• Name of each official to whom a contribution was made: _____

• Name of contributor(s): _____

• Date(s) of contribution(s): _____

• Amount(s) of contribution(s): _____

If the applicant is a corporation, limited liability corporation, partnership, or other form of business entity, please identify any shareholder or owner that has more than a 50% ownership interest:

_____.

While your application is pending, you must submit a supplemental form for any new campaign contributions totaling more than \$250 that are made to a County official or candidate.

AUTHORIZED SIGNATURE

DATE

NAME