



# MENDOCINO COUNTY BOARD OF SUPERVISORS PLANNING APPEAL FORM

Appeals must be received in the Executive Office within the appeal period, 10 days from the date of the hearing\* (post-marks will NOT be accepted). The Clerk of the Board or Planning and Building Services will verify appeal fee amounts\*. The appeal fee must accompany the appeal letter/form in order to be considered valid.

*\*Verify with Planning and Building Services or with the Clerk of the Board of Supervisors*

Date Appeal Submitted*: <u>1/5/24</u>	Appeal Fee*: \$ <u>2674.00</u> <input checked="" type="checkbox"/> Verified <input type="checkbox"/> Receipt Generated
Case No.: <u>U 2021-0016 &amp; V 2021-0005</u>	Applicant: <u>FAIZAN CORP &amp; 898 MAIN STREET LLC</u>
Heard by: <u>PLANNING COMMISSION</u>	Hearing Date: <u>1/4/24</u>
Source: Planning Commission • MHRB • Zoning Administrator • Administrative (Planning) • Coastal Permit Administrator	

Printed Name, Address, and Phone No. of Appealing Party:

FAIZAN CORP C/O ATTORNEY BRIAN S. MOMSEN

308 S SCHOOL STREET

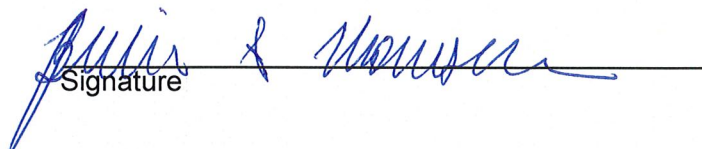
UKIAH, CA 95482

( 707 ) 462 - 0900

REC'D BOARD OF SUPERVISORS  
JAN 5 24 PM 12:28

Basis for Appeal (*Please provide sufficient detail to describe the nature of the appeal. Letters describing appeal may also be attached*):

The Planning Commission did not proceed in a manner required by law and its determination was not supported by substantial evidence in the record there was no evidence (only vague complaints from the public) that the proposed project would be a nuisance or would interfere with an easement. There was no evidence that the project's environmental impacts could not be mitigated to acceptable levels with the conditions of approval staff proposed. The proposed freeway conditions are exactions as defined in the Dolan v. City of Tigard decision

  
Signature

**Submit completed form to:**  
Mendocino County Clerk of the Board  
501 Low Gap Road, Room 1010  
Ukiah, CA 95482  
(707) 463-4221

**Fee made out to :**  
County of Mendocino

<b>Staff Use:</b>
<input type="checkbox"/> Obtain Agenda for meeting/appeal verification ( <i>distribute with appeal form to all parties listed below</i> )
<input type="checkbox"/> Appeal period verified and confirmed
<input type="checkbox"/> Appeal fee verified and confirmed
<input type="checkbox"/> Form distribution completed/Date Stamp form
<input type="checkbox"/> Copy of receipt and check attached to original appeal form and provided to DCOB
<input type="checkbox"/> Other _____