



APPEAL APPLICATION
Instructions and Checklist

RELATED CODE SECTION

Refer to the Letter of Determination (LOD) for the subject case to identify the applicable Los Angeles Municipal Code (LAMC) Section for the entitlement and the appeal procedures.

PURPOSE

This application is for the appeal of Los Angeles City Planning determinations, as authorized by the LAMC, as well as first-level Building and Safety Appeals.

APPELLATE BODY

Check only one. If unsure of the Appellate Body, check with City Planning staff before submission.

- Area Planning Commission (APC)
- City Planning Commission (CPC)
- City Council
- Zoning Administrator (ZA)
- Director of Planning (DIR)

CASE INFORMATION

Case Number: DIR-2023-6417-RAO

Project Address: 906 3rd Avenue, Los Angeles CA 90019

Final Date to Appeal: November 29, 2023

APPELLANT

For main entitlement cases, except for Building and Safety Appeals:

Check all that apply.

- Person, other than the Applicant, Owner or Operator claiming to be aggrieved
- Representative
- Property Owner
- Applicant
- Operator of the Use/Site

For Building and Safety Appeals only:

Check all that apply.

- Person claiming to be aggrieved by the determination made by **Building and Safety**¹
- Representative
- Property Owner
- Applicant
- Operator of the Use/Site

¹ Appellants of a Building and Safety Appeal are considered the Applicant and must provide the Noticing Requirements identified on page 4 of this form at the time of filing. Pursuant to LAMC Section 12.26 K, an appeal fee shall be required pursuant to LAMC Section 19.01 B.2.

APPELLANT INFORMATION

Appellant Name: Sue Leung

Company/Organization:

Mailing Address: 906 3rd Avenue

City: Los Angeles State: CA Zip Code: 90019

Telephone: 4242492409 E-mail: suejkim@gmail.com

Is the appeal being filed on your behalf or on behalf of another party, organization, or company?

[X] Self [] Other:

Is the appeal being filed to support the original applicant's position? [X] YES [] NO

REPRESENTATIVE / AGENT INFORMATION

Representative/Agent Name (if applicable):

Company:

Mailing Address:

City: State: Zip Code:

Telephone: E-mail:

JUSTIFICATION / REASON FOR APPEAL

Is the decision being appealed in its entirety or in part? [X] Entire [] Part

Are specific Conditions of Approval being appealed? [] YES [X] NO

If Yes, list the Condition Number(s) here:

On a separate sheet provide the following:

- [X] Reason(s) for the appeal
[X] Specific points at issue
[X] How you are aggrieved by the decision
[X] How the decision-maker erred or abused their decision

APPLICANT'S AFFIDAVIT

I certify that the statements contained in this application are complete and true.

Appellant Signature: [Signature] Date: 11/28/23