

City of Malibu Planning Department

23825 Stuart Ranch Road, Malibu, CA 90265
Phone (310) 456-2489 ext. 245 Fax (310) 456-7650

REQUEST FOR REVIEW ADMINISTRATIVE PLAN REVIEW APPROVAL

Actions Subject to Request for Review: Pursuant to Malibu Municipal Code Section 17.62.030, Administrative Plan Reviews are required for all non-discretionary development projects. This includes projects that meet all zoning code requirements and are therefore permitted by right. Any person aggrieved by an Administrative Plan Review approval issued by the Planning Department or has questions may request to review the approval **no later than 5:30 p.m. 10 CALENDAR DAYS after the date of approval. Should the 10th day land on a Friday, the form shall be submitted no later than 4:30 pm.**

Administrative Plan Review Case No: _____

Project Address/Location: _____

Approval Date: _____

Please describe the portion of project to be reviewed. (Additional sheets may be attached to this form.):

Requestor's Information:

Name: _____

On behalf of (if applicable): _____

Address: _____

Phone #: _____ **Fax #:** _____

E-mail: _____

To submit a request form:

*Review for Request forms will be accepted no later than 5:30 p.m. 10 calendar days after the APR approval date. Should the 10th day land on a Friday, the form shall be submitted no later than 4:30 pm.

Personal or Mail Delivery: The request form shall be filed with the Planning Department c/o Patricia Salazar, Attn: APR Review at 23825 Stuart Ranch Road, Malibu, CA 90265. Postmark dates will not be accepted.

By Fax: Fax to (310) 456-7650 Planning Department c/o Patricia Salazar, Senior Administrative Analyst, Attn: APR Request for Review. Late faxes will not be accepted.

For more Information, contact Patricia Salazar, Senior Administrative Analyst, at (310) 456-2489 ext. 245.

Note: Staff shall confirm receipt of the request by providing a date-stamped copy of the request form. A letter confirming an appointment date and time will be sent to the requestor via certified mail within one week of filing.

PRINT REQUESTOR'S NAME

REQUESTOR'S SIGNATURE

DATE

OFFICE USE ONLY

Submittal Information:

APR Case No.: _____

Review Period: _____

Date Form submitted: _____ Received by: _____

Database Entry: Yes

Previous Requests: _____

Review Process:

Appointment Letter Mail Date: _____

Appointment Date & Time: _____

Appointment Attendees: _____

Notification of Review Decision to Property Owner/Applicant: _____

Post-Review information:

Outcome: Decision Upheld Additional Review Requested (new form to be filled-out)

Additional Comments;

Date Final Review Letter mailed to requestor: _____

(Attach a copy of the letter to this form)
