

File Number: CUP-A250003

Receipt No.: R63961

Date Received: 11-24-25

Amount: 494.00

SCD

APPEAL FORM

(For more information, see Section 130.52.090 of the Zoning Ordinance)

Appeals must be submitted to the Planning Department with appropriate appeal fee. Please see fee schedule or contact the Planning Department for appeal fee information.

APPELLANT SHINGLE SPRINGS COMMUNITY ALLIANCE

ADDRESS PO BOX 1581, SHINGLE SPRINGS, CA 95682

DAYTIME TELEPHONE (530) 417-5944

A letter from the Appellant authorizing the Agent to act in his/her behalf must be submitted with this appeal.

RECEIVED

AGENT _____

NOV 24 2025

ADDRESS _____

EL DORADO COUNTY
PLANNING AND BUILDING DEPARTMENT

DAYTIME TELEPHONE _____

APPEAL BEING MADE TO: Board of Supervisors Planning Commission

ACTION BEING APPEALED (Please specify the action being appealed, i.e., approval of an application, denial of an application, conditions of approval, etc., and specific reasons for appeal. If appealing conditions of approval, please attach copy of conditions and specify appeal.)

Based on the evidence in the record, the project would be detrimental to public

health, safety and welfare, and injurious to the neighborhood. In addition, the project

would violate the General Plan (including Policy 2.1.1.7). Therefore the findings for a

Conditional Use Permit under Sec. 130.52.021 cannot be made. Additionally, the

Mitigated Negative Declaration submitted is inadequate. Therefore the Planning

Commission's approval was in error and the appellant requests that the Board deny the

project. CUP 23-0007

DATE OF ACTION BEING APPEALED November 12, 2025

Janette Maynard
Signature

11/24/2025
Date