

File Number: CUP-A250003
Date Received: 11-24-25

Receipt No.: R 63961
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 _____
ADDRESS _____ **NOV 24 2025**
DAYTIME TELEPHONE _____ **EL DORADO COUNTY
PLANNING AND BUILDING DEPARTMENT**

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

Jannette Maynard
Signature

11/24/2025
Date