



949.644.3141 Phone
949.723-3545 Fax

**City of Newport Beach
PO Box 1768, Newport Beach, CA 92658-8915**

REQUEST FOR HARBOR RESOURCES ADMINISTRATIVE HEARING

Please print or type in **BLACK** ink only. A complete mailing address is required.

Name: _____ Permit Number: _____

Address: _____ Telephone # _____

City/State/Zip: _____ Email _____

Pursuant to Newport Beach Municipal Code Section 17.60.080, I request an Administrative Hearing on the Harbor Resources management decision related to the Permit Number listed above. **I have enclosed the required appeal fee in the amount of \$100.** Please provide a brief statement describing the reason for the appeal. BLACK ink only.

I declare under penalty of perjury under the laws of the State of California that the foregoing (including any attachment(s)) is true and correct to my knowledge.

Driver License: State/Number _____ Date _____ Signature _____
OR Social Security Number _____

Form and payment MUST be received by the Revenue Division within 21 days of Harbor Resources management's decision date.

THIS SECTION WILL BE COMPLETED BY THE CITY OF NEWPORT BEACH

The City of Newport Beach has granted your request for a hearing.

Hearing scheduled for _____ (date) and _____ (time).

**HEARINGS WILL TAKE PLACE AT CITY HALL
100 CIVIC CENTER DR, NEWPORT BEACH, CA 92660,
BAY A, CUSTOMER SERVICE CONFERENCE ROOM**

You MUST call 949-644-3137 to confirm that you will be attending your assigned hearing date and time by 5:00 pm on _____. Failure to confirm your scheduled hearing date will result in the cancellation of your hearing. Hearings that have not been confirmed will not be rescheduled and your opportunity to appeal will be forfeited.

If you will not be available for your hearing date and time, you **must** contact the Revenue Division at least one business day prior to the hearing date to request a continuance. You may request the continuance by calling 949-644-3137.

Please be advised that hearings can only be postponed once.

FOR OFFICE USE ONLY

Date received: _____ Apply payment to: 5060-8359

Counter: _____ Fax: _____ US Mail: _____

Customer notified form was received _____