

APPEAL REQUEST FORM

Project Number/Name of Decision being Appealed: <u>2023-00000154/SB9 (10198 Thomas Drive SB9 Two-Unit</u> Development); 10198 Thomas Drive; APN 018-520-029-000

Type of Decision: (i.e. similar use determination, use permit, tentative map, variance, etc.)

Height limit change for SB9 Projects and ADU's to 35'-0" to match original zoning height limit.

Description of Decision:

The decision being appealed pertains to the height limit imposed on our SB9 housing project by the local planning authority.

I/we hereby appeal the decision as follows:

Appeal Description (Attach additional sheets if necessary):

1. Detail what is being appealed and what action or changes you seek. Specifically address the findings, mitigation measures, conditions and/or policies with which you disagree. We are seeking an adjustment to the existing SB9 height limit (16ft) to the standard 35ft limit. This adjustment will enable us to

effectively meet the housing needs of our community.

2. State why you are appealing—be specific. Reference any errors or omissions. Attach any supporting documentation.

We respectfully disagree with the current height limit imposed on SB9 units. The 16ft limit presents significant challenges in meeting the needs of our community and complying with our project goals. Our housing project is situated in an area where the existing built environment and topographical features warrant flexibility in height restrictions. The topography of the site, coupled with surrounding structures, justifies a variance from the prescribed height limit to ensure the viability and success of the project.

3. Please provide a summation of your arguments in favor of the appeal.

for affordable housing options and promoting sustainable urban development.

The proposed increase in height aligns with the growing demand for housing in our community. By allowing for additional height, we can maximize the number of units within the development, addressing the pressing need

4. State the changes or action requested of the appeal body.

We respectfully request that the appeal body consider the following changes or actions: 1) Adjustment of Height Limit: We request an adjustment to the existing height limit imposed on our housing project. Specifically, we seek approval for a height increase to 35ft as outlined in our submitted plans. 2) Variance Approval: Alternatively, we request approval of a variance from the prescribed height limit to accommodate the unique site conditions and project goals. Granting a variance would enable us to develop a housing project that meets the needs of our community while maintaining compliance with relevant regulations and policies.

I/we certify th Persons	nat I/we are the: 🛛 Legal owner(s)	KAuthorized Lega	I Agent(s) D Other Int	erested
Name:	Dustin Walsh	Telephone:	702-538-6540	
Address: PO BOX 550005 - South Lake Tahoe CA 96155				
Appellant(s) Signature:				