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CALIFORNIA COASTAL COMMISSION

NORTH COAST DISTRICT OFFICE  
710 E STREET, SUITE 200  
EUREKA, CA 95501  
VOICE (707) 445-7833 FAX (707) 445-7877

DEPARTMENT OF  
COMMUNITY DEVELOPMENT



APPEAL FROM COASTAL PERMIT DECISION OF LOCAL GOVERNMENT

Please Review Attached Appeal Information Sheet Prior To Completing This Form.

SECTION I. Appellant(s)

Name: RALAH FAUST  
Mailing Address: P.O. BOX 135  
City: BAYSIDE CA Zip Code: 95524 Phone: 707/407-7435

SECTION II. Decision Being Appealed

- Name of local/port government: CITY OF EUREKA
- Brief description of development being appealed:  
APPLICANT DESCRIBED AS A SUPPLEMENTAL INTERIM REMEDIAL ACTION PLAN (SIAP). IT WOULD DREDGE AND FILL WETLANDS AND ESHA ON SITE
- Development's location (street address, assessor's parcel no., cross street, etc.):  
BALLOON TRACK, WATERFRONT DRIVE
- Description of decision being appealed (check one.):  
 Approval; no special conditions  
 Approval with special conditions:  
 Denial

Note: For jurisdictions with a total LCP, denial decisions by a local government cannot be appealed unless the development is a major energy or public works project. Denial decisions by port governments are not appealable.

<b>TO BE COMPLETED BY COMMISSION:</b>	
APPEAL NO:	_____
DATE FILED:	_____
DISTRICT:	_____

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5. Decision being appealed was made by (check one):

- Planning Director/Zoning Administrator
- City Council/Board of Supervisors
- Planning Commission
- Other

6. Date of local government's decision: Nov. 3, 2009

7. Local government's file number (if any): CDP-09-0004

**SECTION III. Identification of Other Interested Persons**

Give the names and addresses of the following parties. (Use additional paper as necessary.)

a. Name and mailing address of permit applicant:

CUE VI, LLC

ATTN. RANDY GANS  
SECURITY NATIONAL PROPERTIES  
323 FIFTH ST.  
EUREKA CA 95501

b. Names and mailing addresses as available of those who testified (either verbally or in writing) at the city/county/port hearing(s). Include other parties which you know to be interested and should receive notice of this appeal.

(1) MANY INDIVIDUALS TESTIFIED; IDENTITIES UNKNOWN TO ME; CITY OF EUREKA HAS COMPLETE LIST

(2)

(3)

(4)

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SECTION IV. Reasons Supporting This Appeal

**PLEASE NOTE:**

- Appeals of local government coastal permit decisions are limited by a variety of factors and requirements of the Coastal Act. Please review the appeal information sheet for assistance in completing this section.
- State briefly **your reasons for this appeal**. Include a summary description of Local Coastal Program, Land Use Plan, or Port Master Plan policies and requirements in which you believe the project is inconsistent and the reasons the decision warrants a new hearing. (Use additional paper as necessary.)
- This need not be a complete or exhaustive statement of your reasons of appeal; however, there must be sufficient discussion for staff to determine that the appeal is allowed by law. The appellant, subsequent to filing the appeal, may submit additional information to the staff and/or Commission to support the appeal request.

1) THE DEVELOPMENT WOULD BREACH AND FILL WETLANDS IN VIOLATION OF EUREKA CITY CODE § 156.052, AND PRC § 30233, WHICH STANDARDS ARE INCORPORATED INTO THE CITY'S LCP.

2) THE DEVELOPMENT WOULD FILL, COVER AND DESTROY ESHA IN VIOLATION OF EUREKA CITY CODE § 156.052, AND PRC § 30240, WHICH STANDARDS ARE INCORPORATED INTO THE CITY'S LCP.

3) THE CITY ACKNOWLEDGED THAT THE PROJECT WAS INCONSISTENT WITH THE ABOVE CITED SECTIONS, BUT PURPORTED TO APPROVE THE PROJECT USING COASTAL ACT BALANCING, BUT

A) THE CITY HAS NO APPARENT AUTHORITY IN ITS LCP TO APPROVE BY BALANCING

B) EVEN IF IT DID HAVE SUCH AUTHORITY, APPROVAL OF THIS DEVELOPMENT DOES NOT ADVANCE ANY COASTAL ACT RESOURCE POLICY

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**SECTION V. Certification**

The information and facts stated above are correct to the best of my/our knowledge.



\_\_\_\_\_  
Signature of Appellant(s) or Authorized Agent

Date: Nov. 19, 2009

**Note:** If signed by agent, appellant(s) must also sign below.

**Section VI. Agent Authorization**

I/We hereby  
authorize

\_\_\_\_\_ to act as my/our representative and to bind me/us in all matters concerning this appeal.

\_\_\_\_\_  
Signature of Appellant(s)

Date: \_\_\_\_\_