



# CITY OF GARDEN GROVE

## APPLICATION FOR NOTICE OF APPEAL HEARING REQUEST

Submit form to:  
Garden Grove City Clerk's Office  
11122 Acacia Parkway  
Garden Grove, CA 92840

DATE STAMP

RECEIVED  
CITY OF GARDEN GROVE  
CITY CLERK'S OFFICE

2018 JUN - 1 AM 11:06

### APPELLANT INFORMATION:

Name: Isaac Santos

Date: 5/31/2018

Residence Address: 11822 Tunstall Street Garden Grove, CA 92845

Mailing Address: 11822 Tunstall Street Garden Grove, CA 92845

PAID ON 01 Jun 2018 AT 11:19  
RECEIVED: 447536 OFFICER: chelsea IP: 198.243.296.12  
TOTAL PAID = \$250.00

Phone: 310-463-4125

Email: isanto72@gmail.com

**I am requesting an appeal for the reason stated below:**

Denial of applicable permit, or other city issued instrument is not warranted

Other

**Explanation:** CDA Slammers FC is a non-profit youth soccer club that represents multiple cities in Orange County. Players and families are from all over Orange County. Teams practice and play games at Garden Park Elementary School, we have players that go to Pacifica High School and the neighboring elementary schools. The Asst. Coach lives in Garden Grove as well as more than half of the players live in GG, that is just for this team. CDA Slammers FC have over 100+ Boys and Girls teams where players live and GG and the surrounding cities. Every year the CDA Slammers FC hosts 2 soccer tournaments and Garden Park Elementary School is a main venue for games over 2-3 days. This brings in hundreds of families into the Garden Grove area to boost local businesses and the local community. *cda-soccer.org*

Hearing Deposit Penalty Amount Enclosed: 250.00

(Appeal fee in the amount of \$250.00 must accompany this hearing request per Garden Grove Municipal Code section 2.60.160).

**I hereby certify under penalty of perjury that I have read and understand the above statements, and that the information provided above is true and correct to the best of my knowledge and ability.**

Signature Isaac Santos Date 5/31/2018

Printed Name Isaac Santos Title COACH

### OFFICE USE ONLY:

Application received within allowable time frame?

YES  NO

Hearing Granted

YES  NO

Payment Method:

Staff: \_\_\_\_\_

Credit Card  Check # \_\_\_\_\_ Date Processed \_\_\_\_\_