



# Deposit/Fee Receipt

**Clerk's Department**  
 130 South Main Street  
 Lake Elsinore, CA 92530  
 P 951.674.3124  
 F 951.471.1418

Date 2/20/2024

Name Brett Masters - Dream Center Lake Elsinore Phone (951) 376-3703

Address 114 E. Peck St. Apt./Ste. \_\_\_\_\_

City/State/Zip Lake Elsinore, CA 92530

Description Appeal - Planning Application No. PAR-2022-0011

ACCOUNT	ITEM	DESCRIPTION	QTY	CODE	AMOUNT
100-1100-4214	COPIES	NUMBER OF PAGES:		CP	\$
100-9999-4805	NOTARY SERVICES			OR	\$
310-9999-4710	POSTAGE			FM	\$
100-1100-4805	MISC REVENUE			MR-Prompt	\$
100-1100-4160	FILING FEE			FF-Clerk	\$
100-1100-4224	APPEAL FEE		1	MR-Prompt	\$ 210.33
100-1100-4253	PASSPORT EXECUTION FEE			PE	\$
100-1100-4253	PASSPORT PHOTO FEE			PE	\$
100-1100-4254	CIVIL CEREMONIES WITNESS FEE			CCW	\$

**TOTAL: \$ 210.33**

APPEAL - PLANNING APPLICATION NO.  
 PAR-20  
 MISCELLANEOUS REVENUE 210.33  
 100-1100-4224 - 210.33  
 Paid By: DREAM CENTER LAKE EL SINORE  
 CHECK 210.33 REF: 1505  
 OPER: CC TRM: 1  
 KBY: DP  
 CITY OF LAKE EL SINORE  
 REC#: R24-02852 2/20/2024 10:41 AM  
 TRAN: MISC Miscellaneous Cash Receipt

**DUE TO CITY POLICY - fees must be collected for established services and for copies given to the Public. There is a 2.75% convenience fee for all credit card transactions.**

**Checks can be made payable to the City of Lake Elsinore.**

**If paying by cash, the amount must be exact.**

APPLIED 210.33  
 TENDERED 210.33  
 CHANGE 0.00



City Clerk's Office  
130 S. Main Street, Lake Elsinore, CA  
(951) 674-3124, Ext. 269

**For Official Use Only**  
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Date Fee Paid: \_\_\_\_\_

## APPEAL OF PLANNING COMMISSION ACTION FORM

► **Policy 100-8:** The purpose of this Policy is to provide a standardized procedure for consideration of appeals from Planning Commission decisions. Within 15 calendar days of a Planning Commission decision, any person may appeal a decision to the City Council by filing this form and submitting a \$210.33 fee. A copy of this policy is attached with further important information.

**Applicant Information**  
Name: DREAM CENTER LAKE ELSINORE / BRETT MASTERS Date: 02/19/24  
Mailing Address: 114 E. PECK AVE.  
City: LAKE ELSINORE State: CA Zip Code: 92530  
Phone No.: 858-952-4024 Fax No.: \_\_\_\_\_ E-Mail: brett@dreamcenterLE.org

**Subject of Appeal Information**  
Subject of Appeal: Dream Center - Ambassador Discipleship Center  
Project No.(s): PAR - 2022-0011  
Project Applicant: DREAM CENTER LAKE ELSINORE  
Project Location: 164 S. MAIN STREET, LAKE ELSINORE, CA  
Date of Planning Commission Action: 02/06/24

I, the undersigned, hereby appeal the above action of approval/denial by the Lake Elsinore Planning Commission, for the following reasons: (Please cite specific action being appealed.) Attach additional pages as needed.  
*We disagree with the decision to deny our CUP application. DC has acted in good faith to comply w/ City expectations; We had staff support for approval; We amended our vision at the request of the Planning Commission; Arguments against were a misrepresentation of the facts in our application.*  
Signature: Brett Masters