

Appeal Application

APPELLANT INFORMATION:

NAME: _____
ADDRESS: _____
PHONE: _____
E-MAIL: _____

CASE INFORMATION OF REQUESTED APPEAL:

CASE FILE NUMBER: _____

DECISION BEING APPEALED: _____

REVIEW AUTHORITY THAT MADE THE DECISION: _____

DATE OF THE DECISION: _____

DOCUMENTATION THAT THE APPELLANT WAS A PARTY TO THE INITIAL PROCEEDINGS: _____

DETAILED STATEMENT ON THE BASIS OF THE APPEAL, INCLUDING WHICH APPROVAL CRITERIA, DEVELOPMENT STANDARDS, OR CONDITIONS OF APPROVAL WERE ALLEGEDLY IMPROPERLY EVALUATED OR APPLIED TO THE DECISION: *(attach additional sheets as necessary to include the applicable criteria, development standards, or conditions of approval that were allegedly improperly evaluated)* _____

The required appeal application fee must accompany this application.

I hereby declare under penalty of perjury under the laws of the State of Oregon that the foregoing information is true, complete, and accurate.

SIGNATURE:

Appellant

_____ Date

