

CLACKAMAS COUNTY

PLANNING DIVISION

150 Beaver Creek Road
Oregon City, OR 97045
(503) 742-4500

APPEAL REQUEST

FOR OFFICE USE ONLY

File No. _____

Heard By: _____

Date Heard: _____

Fee: \$250.00

Hearing Date: _____

RECEIVED _____

STAFF: _____

An appeal of a staff decision or any condition of approval causes the application to be reviewed "de novo" by the Hearings Officer. All criteria and standards relevant to the application will be reviewed. Conditions of approval may be modified or new conditions added.

Appellant's Name _____ Phone _____

Appellant's Address _____

Original Applicant's Request _____

For the following reasons: _____

TO BE COMPLETED WHEN FILED BY COMMUNITY PLANNING ORGANIZATION (CPO):

1. What was the date of the CPO meeting authorizing this appeal: _____
2. What kind of meeting was held? General _____ Board _____ Other _____
3. What was the count on this appeal? For: _____ Against _____ Abstain _____

The foregoing statements made are in all respects true and correct to the best of my knowledge and belief.

Dated this _____ day of _____, 20 _____

Appellant's Signature: _____