



595 Main St. Aumsville, Oregon 97325  
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*I acknowledge that if the actual cost to process and review the application by contracted or full-time staff exceeds the application fee, the applicant will be responsible for the excess charges. The fee would be considered a deposit toward the actual cost.*

**FOR OFFICE USE ONLY**

Date of Appealed Decision:	
10-Day Deadline Date:	
Date Rec'd:	
Filing fee: \$250*	

## APPEAL APPLICATION – PLANNING COMMISSION

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Property address:** \_\_\_\_\_

**Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\*Actual cost of appeal will be charged to applicant upon notice of decision.

1. Type of original application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Were you a party to the initial proceedings? YES ☐ NO ☐  
Type I appeals can only be made by the applicant/property owner.  
Type II appeals can only be made by an appropriately aggrieved party with “standing.”

3. What are the alleged errors in the decision? **OR** What are the specific grounds for your appeal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Attach an additional sheet, if necessary, to continue the above statement.*

4. The application must be signed by the applicant/property owner or by an appropriately aggrieved party with “standing.”

Applicant Name (please print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner Name: (please print) \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Property Owner Name: (please print) \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_