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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 – COUNCIL

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: _____
