

Community Development Department

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co.benton.or.us/cd

APPLICATION

APPEAL OF A DEVELOPMENT DEPARTMENT DECISION Fee: \$250 File # <u>Appellant</u> Name:______ Bus Phone:_____ Address: Home Phone: City & Zip: Email: Other individuals to be notified of this application: Address City & Zip Name The appellant hereby requests the Planning Commission to consider the following decision: File Number: _____ Nature of Application: _____ Decision: Decision Date: Assessor's Map & Tax Lot Number: T S, R W, Section(s) , Tax Lot(s) REQUIRED: State the reasons for the appeal, citing the specific Comprehensive Plan or Development Code provisions which are alleged to be violated. Failure to cite specific Plan or Code provisions will nullify your appeal. See BCC 51.830. Attach additional sheets if necessary. Date Signature (For Office Use Only) Date Application Received: ______ Receipt Number: ______ File Number Assigned: Planner Assigned: