



City of Aumsville

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APPEAL APPLICATION - Council

FOR OFFICE USE ONLY

APPLICANT: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

PROPERTY ADDRESS: _____

OWNER: _____

ADDRESS: _____

PHONE NO.: _____

FAX NO.: _____

Date of Appealed Decision:	_____
10-Day Deadline Date:	_____
Date Rec'd:	_____
Filing fee: None – Actual Costs*	
Date Staff Deemed Application Complete:	_____
Initials:	_____
Appeal Decision Deadline Date:	_____
(95 days) ACC:	_____
(120 days) ACC:	_____
Public Hearing Date:	_____
w/in 30 days of APC decision	
Posting Date:	_____
Mailing Date:	_____
Findings Due Date:	_____
w/in two weeks of hearing	
Notice of Decision	
Attach certificate of mailing of original application and appeal application:	
Date Sent:	_____
*Costs	_____
Date notification sent:	_____
Receipt No.:	_____

*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: _____