



City of Tigard

COMMUNITY DEVELOPMENT DEPARTMENT

Land Use Decision Appeal Application

PROJECT INFORMATION

Land use case numbers: _____

Project name: _____

Location (address if available): _____

Tax map and lot numbers: _____

REQUIRED SUBMITTAL ELEMENTS

- Narrative addressing criteria in TCDC 18.710.090
- Application fee

APPELLANT INFORMATION

Name: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Appellant's representative: _____

Phone: _____ Email: _____

Standing for appeal:

- Applicant of the original land use application
- Person/organization adversely affected by the decision
- Party of record (provided evidence or testimony on the record)

Specific reason for appeal:

Appellant's signature

Print name

Date

STAFF USE ONLY

Related Case No.: _____ Application fee: _____ Received by: _____ Date: _____

Appeal Deadline: _____ Appeal to: Hearings Officer Planning Commission City Council