



Community Development Department  
400 E Main St.  
Cottage Grove, OR 97424  
(541) 942-3340

**NOTICE OF APPEAL**

**Application Type (check one)**

- Appeal of:
- of a Director’s Decision (Type II)
  - of a Planning Commission Decision (Type III)
  - of a Historic Landmark Commission Decision (Type III)

**Required Project Information (applicant complete this section)**

Application No: \_\_\_\_\_ Date of Decision: \_\_\_\_\_  
 Address/Location: \_\_\_\_\_

*Time for filing:* Notice of Appeal shall be filed with the Community Development Director or designee within **14 days** of the date the Notice of Decision was mailed.

**Issues:** Briefly list the specific issues being raised in the appeal. These should be specific points where you feel the Approval Authority erred in making the decision, i.e. what approval criterion or criteria in the Development Code you allege to have been inappropriately applied. Staff will be documenting from the record that these appeal issues were raised during the comment period/public hearing.

If additional space is required, please attach a paper(s) with the application number on the top.

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**Appellant Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

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

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

**Standing (check one):**

- Applicant
- Spoke at the Public Hearing
- Submitted written comments during comment period or prior to or at public hearing.

The undersigned acknowledges that the appeal application form and its attachments have been read, acknowledges that the requirements for filing an appeal of a land use decision are understood, and states that the information supplied is correct and accurate. The correct fee for processing the appeal is submitted with this application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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CITY STAFF TO COMPLETE	
Date Filed:	_____ by _____
Fee:	_____ by _____
Receipt #:	_____ by _____
Appeal Timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No by _____
Issue Raised?	<input type="checkbox"/> Yes <input type="checkbox"/> No by _____