

## City of Clatskanie 75 S Nehalem Street PO BOX 9

Clatskanie, OR 97016 Office: 503-728-2622 Fax: 503-728-3297

## APPEAL OF LAND USE DECISION FORM

You may appeal a city land use decision by completing this form and submitting it with a non-refundable payment of \$250 to the City of Clatskanie within the time allowed for the appeal.

## **REQUIRED INFORMATION**

What land use decision are you appealing?	
Site Address & Tax Lot(s) pertaining to the appeal:	
Why do you believe the decision is in error, and what specific grounds do you bon?	pase your appeal
If you are not the applicant, state why you are an aggrieved person?	
OFFICE USE ONLY	
Receipt No.: Fee: Hearing Date: L:/Common/Forms/Land Use/Appeal Application – Land Use 2019	Staff: May 2019

What evidence have you provided to the	_		
I hereby certify that the information con the best of the knowledge. I understand hearing set for this appeal.		-	
Appellant's Name:	Phone	e No.:	
Address:	City	State	Zip
SIGNATURE:		Date:	
Original Signature Reg	mired		

This form and the required payment of \$250 must be submitted to Clatskanie City Hall, 75 S Nehalem Street, PO BOX 9, Clatskanie, OR 97016. If you have any questions please call City Hall between the hours of 8 a.m. - 5 p.m. at 503-728-2622