



COMMUNITY DEVELOPMENT DEPARTMENT
 Planning Division
 P.O. Box 490
 333 Broadalbin Street SW
 Albany, OR 97321
 Phone (541) 917-7550 Fax (541) 917-7598
 www.cityofalbany.net

Notice of Appeal/ Request for Public Hearing

The undersigned, who believe they have standing to appeal, hereby request consideration by the

_____ (name of Board/Commission, or City Council)

of a decision made on _____ (date)

by the Albany _____
 (Community Development Director, Hearings Board, Planning Commission, Landmarks Advisory Commission)

relating to a request for _____ (case file name and number)

pertaining to Tax Lot(s) No.(s) _____ on Assessor's Map No.(s) _____ .

I am/we are appealing this decision because of the following defect(s) in the hearing process and/or interpretation of the criteria set forth in the Albany Development Code sections which are applicable to the previously stated land use request (Attach your findings of fact): _____

I (we) understand that a hearing will be set for this appeal and I (we) will be present at that time to answer questions regarding this appeal.

Name _____

Name _____

Address _____

Address _____

Signature _____

Signature _____

Date _____

Date _____

TO BE FILLED OUT BY STAFF

Case No. (Same as application request) _____

Filing Fee: (Fees subject to change every July 1)

- Request for Public Hearing \$740*
- Appeal to City Council \$740
- Appeal to Planning Commission \$247
- Appeal to Hearings Officer \$300 deposit/max \$500 (Expedited land division only)

*The fee for a public hearing on a tentative decision shall be paid by the applicant, not the person requesting the hearing.

Date Filed: _____ Fee Paid: _____

Receipt No.: _____ Received By: _____