



CITY OF PHILOMATH

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A P P L I C A T I O N

APPEAL OF A PLANNING COMMISSION DECISION

Fee: Actual cost (\$500 deposit)

**ALL SECTIONS MUST BE COMPLETED. ATTACH ADDITIONAL SHEETS IF NECESSARY.
REVIEW WILL BEGIN ONLY WHEN THE APPLICATION IS DETERMINED TO BE COMPLETE.**

APPELLANT

Names(s): _____ Phone #1: _____

Mailing Address: _____ Phone #2: _____

City: _____ State: _____ Zip: _____ Email: _____

Other individuals to be notified of this application: *Name, Address, City & Zip, or Email*

The appellant hereby requests the Philomath City Council to consider the following decision:

File Number: _____ Nature of Application: _____

Decision: _____ Decision Date: _____

Assessor's Map & Tax Lot Number(s): Zoning: _____

The appeal must be filed on this form and shall include the following:

1. A statement of the reasons for the appeal, citing the specific Comprehensive Plan or Development Code provisions which are alleged to be violated: _____

2. A statement of the standing to appeal: _____

3. If the appellant is not the applicant, a statement demonstrating that the appeal issues were raised during the comment period: _____

4. Fee: The required fee (\$500) is a deposit. Costs of processing the appeal will be tracked and the appellant will receive an accounting of the costs.

Signature(s)

I understand that in the event that I choose to pursue this appeal to the Land Use Board of Appeals (LUBA), I may be required to reimburse the City of Philomath for attorney fees should LUBA determine that the City is eligible for such reimbursement.

Applicant Signature

Date

For Office Use Only

Date Application Received: _____ Receipt Number: _____ By: _____

Internal File Number: _____ ePermitting File Number: _____

Planner Assigned: _____ Date Application Deemed Complete: _____