



COMMUNITY DEVELOPMENT DEPARTMENT

Planning Division
P.O. Box 490
333 Broadalbin Street SW
Albany, OR 97321
Phone 541-917-7550
Fax 541-791-0150
www.cityofalbany.net

Notice of Appeal or Request for Public Hearing

The undersigned, who believe they have standing to appeal, or request a public hearing as they case may be, hereby request consideration by the

\_\_\_\_\_ of a decision made on \_\_\_\_\_
(Name of Board/Commission, or City Council) (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: Varies (fees subject to change every July 1)

- Request for Public Hearing \$250\*
Appeal to City Council \$808
Appeal to Planning Commission \$269
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: \_\_\_\_\_