



COMMUNITY DEVELOPMENT DEPARTMENT

360 SW Avery Avenue
Corvallis, OR 97333-1139
(541) 766-6819
FAX (541) 766-6891

APPLICATION

**VESTED RIGHTS APPEAL OF A DEVELOPMENT DEPARTMENT DECISION
TO THE BOARD OF COMMISSIONERS**

Fee Deposit: Cost of Original Application* \$ _____

Appellant

Name: _____ Phone #1: _____
Address: _____ Phone #2: _____
City & Zip: _____ Email: _____

Other individuals to be notified of this application:

Name

Address

City & Zip

Email

The appellant hereby requests the Board of County Commissioners to consider the following decision:

File Number: _____ Applicant: _____

Decision: _____ Decision Date: _____

Assessor's Map & Tax Lot Number: T _____ S, R _____ W, Section(s) _____, Tax Lot(s) _____

State the reasons for the appeal, citing the specific case law or Development Code provisions which are alleged to have been violated:

*NOTE: The appeal shall be accompanied by a deposit equal to the fee of the original application except that a minimum fee of \$200 shall be collected where previous fees have been waived. The Planning Official shall account for all costs of processing appeals, including hearings, investigations, staff reports and the preparation of findings. Any portion of the deposit not expended in the appeal shall be returned to the applicant together with an accounting of processing costs.

Signature

Date

(For Office Use Only)

Date Application Received: _____ Receipt #: _____ Planner Assigned: _____