



**COMMUNITY DEVELOPMENT DEPARTMENT**

360 SW Avery Avenue  
Corvallis, OR 97333-1192  
(541) 766-6819  
FAX (541) 766-6891

**APPLICATION**

**APPEAL OF A HISTORIC RESOURCE COMMISSION DECISION**

**Appellant**

**Fee: \$ 210**

Name: \_\_\_\_\_ Bus Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Other individuals to be notified of this application:

Name

Address

City & Zip

The appellant hereby requests the Board of Commissioners to consider the following Historic Resources Commission decision:

File Number: \_\_\_\_\_ Nature of Application: \_\_\_\_\_

Decision: \_\_\_\_\_ Decision Date: \_\_\_\_\_

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

1. State 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(For Office Use Only)*

Date Application Received: \_\_\_\_\_ File Number Assigned: \_\_\_\_\_

Planner Assigned: \_\_\_\_\_