City *of* Tigard
COMMUNITY DEVELOPMENT DEPARTMENT

Land Use Decision Appeal Application

PROJECT INFORMATION

Land use case numbers: _____

Project name: _____

Location (address if available): _____

_____

Tax map and lot numbers: _____

REQUIRED SUBMITTAL ELEMENTS

☐ Narrative addressing criteria in TCDC 18.710.100

☐ Application fee

APPELLANT INFORMATION

Name: _____

Mailing address: _____ City/State: _____ Zip: _____

Phone: _____ Email: _____

Appellant's representative: _____

Phone: _____ Email: _____

Standing for appeal:

☐ Applicant of the original land use application

☐ Person/organization adversely affected by the decision

☐ Party of record (provided evidence or testimony on the record)

Specific reason for appeal:

_____

_____

_____

_____	_____	_____
Appellant's signature	Print name	Date

STAFF USE ONLY

Related Case No.: _____ Application fee: _____ Received by: _____ Date: _____

Appeal Deadline: _____ Appeal to: ☐ Hearings Officer ☐ Planning Commission ☐ City Council