

APPEAL - TO THE CITY COUNCIL

CITY OF CAVE JUNCTION, PO BOX F, 222 W LISTER ST, CAVE JUNCTION, OR 97523

(541) 592-2156

1. Appellant name _____

2. Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

3. At its meeting of _____ (Date), The Planning Commission took the following action on the attached application:

ACTION

- Approved
- Approved with Conditions
- Disapproved
- Tabled
- Scheduled for Public Hearing

APPLICATION

- Zoning Clearance Permit
- Conditional Use Permit
- Variance
- Lot Partition Request
- Ordinance Interpretation

4. Appellant has ten (10) days to file appeal after Planning Commission Meeting (above date).

5. Appellant appeals the above action of the Planning Commission to the City Council for the following reasons:

Signed: _____ Date _____

6. Received from the Appellant on (date) _____

7. Application/Request Attached

8. Mayor notified on (date) _____

9. City Council to set date for Public Hearing on (date) _____

Over for City Council Action

APPEAL - ACTION

10. The City Council, at its regular meeting of _____ (date).
set a date for Public Hearing on this appealed application/request for _____.

Signed _____ Mayor

11. The City Council, at its regular meeting of _____ (date), took
the following action on this appealed application:

Approved
Approved with Conditions
Disapproved
Tabled

Conditions: _____

Reasons for Council decision: _____

12. Signed _____ Mayor _____ Date

13. Received from Mayor on _____ (date).

14. Forwarded to Applicant _____ (date).

15. Signed _____ City Recorder/Clerk