

Notice of	Intent to	Appeal
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1 page

Name of Appellant:	Phone Number:						
Email:		Ad	ddress:				
Map & Tax Lot #:	T:	R:	Section:	Tax	Lot(s)		
BASIS FOR STANDING APPEAL (please check all that apply)							
Submitted written evidence during the initial review							
Testified orally at the hearing							
Participated through?							
Relevant Code Sections: Attach separate page(s) listing the relevant code sections, which relate to the appeal application. Please note: * If the notice fails to confirm to the above requirements or is not actually received by the City (delivered to the City Manager, Development Services Director, City Recorder or their staff) within the timelines specified, the appeal is void and shall be dismissed. * An appeal stays an approval until resolution of the appeal. Staff Use Only							
Appeal Filed within 12 calendar days of Written Decision: Yes No							
Application complete: Yes No City Council City Council							
File No.:	Date of Decision		Date Noti	ce of Decision Mailed:			
Appeal Fee:	Date Appeal File	d:	Date Set 1	for Hearing:			
				-			

Development Services Department, 39250 Pioneer Blvd, Sandy, OR 97055, 503.489.2160