

Notice	of	Intent	to	Appea	l
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1 page

Name of Ap	ppellant:				Phone Number	er:					
Email:					Address:						
Map & Ta	ax Lot #:	T:		₹:	S	ection:	Т	ax Lot(s)			
BASIS FOR STANDING APPEAL (please check all that apply)											
Submitted	Submitted written evidence during the initial review										
Testified orally at the hearing											
Participate	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 c	complete: Ye	es N	· 🔲			\mathcal{F}					
Scheduled for review before the: Planning Commission City Council											
File No.:	//		Date of Decision:			Date Notice of D	ecision Mailed				
Appeal Fee:			Date Appeal Filed:			Date Set for Hea	ring:				

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