



CITY OF ASTORIA
Founded 1811 • Incorporated 1856

COMMUNITY DEVELOPMENT

No. AP _____

Fee Paid Date _____ By _____

Fee: \$500.00

NOTICE OF APPEAL

Property Address: _____

Lot _____ Block _____ Subdivision _____

Map _____ Tax Lot _____ Zone _____

Appellant Name: _____

Appellant Mailing Address: _____

Phone: _____ Business Phone: _____ Email: _____

Issue Being Appealed: _____

Signature of Appellant: _____ Date: _____

Name of Appellant's Attorney (if any): _____

Address of Appellant's Attorney (if any): _____

This Appeal is filed with the City of Astoria, in accordance with Development Code Section 9.040,
on a decision and/or ruling dated _____ by the _____

Commission (Department/Commission/Committee/City Official)

Specific Criteria Appealed: _____

The specific grounds relied upon for review: _____

(If additional space is needed, attach additional sheets.)

For office use only:					
Application Received :		Standing to Appeal	Yes		No
Appeal Criteria:					
Application Complete:		Permit Info Into D-Base:			
Labels Prepared:		Tentative Meeting Date:			
120 Days:					