CITY OF MADRAS
APPEAL APPLICATION
125 SW E Street Madras Oregon 97741
Phone: 541-475-3388 Fax: 541-475-3959
www.ci.madras.or.us

SUBJECT PROPERTY: TOWNSHIP____ RANGE _____ SECTION ______ TAX LOT ______

Applicant: ________________________________________________________________
(Print)
Signature:      _____________________________________________________________
Address: ________________________________________________________________
Phone: _________________________________________________________________
Email: _________________________________________________________________

Property Owner: ____________________________________________________________
Signature: _______________________________________________________________
Address: ________________________________________________________________

Contact Information: ________________________________________________________

EVERY NOTICE OF APPEAL SHALL CONTAIN:

1. WRITTEN NOTICE OF APPEAL AND REQUIRED FEE MUST BE RECEIVED WITHIN FIFTEEN (15) DAYS FOLLOWING THE MAILING OF THE FINAL WRITTEN DECISION.

2. THE SPECIFIC GROUNDS RELIED UPON FOR APPEAL.

3. IF A HEARING WAS HELD, A TRANSCRIPTION OF THE MAGNETIC TAPE MUST BE SUBMITTED WITHIN TEN (10) DAYS AFTER THE DATE NOTICE OF APPEAL IS FILED. (FAILURE TO SUBMIT THE TRANSCRIPTION OF THE MAGNETIC TAPE RECORD SHALL RENDER A NOTICE OF APPEAL INCOMPLETE.)

I have examined all statements and information contained herein, and all attached exhibits, and to the best of my knowledge and belief, they are true and correct. I authorize the City of Madras staff, Hearing's Officers and Planning Commissioners to enter property for inspection of the site in conjunction with this land use application.

_________________________________________  ___________________________
SIGNATURE          DATE

Equal Opportunity Provider