

APPEAL TO COUNCIL

82877 Spruce St. ~ PO Box 97 Westlake, OR 97493
(Appeal Filing Fee - \$400.00)

Appellant: _____

Mailing Address: _____

Phone: _____ Email: _____

Description of Appeal: _____

Appellant's Representative: _____

Phone: _____ Email: _____

Signature: _____ Date _____

Required submittals. Your appeal application will be rejected if it does not contain all the required information.

1. A copy of the decision being appealed.
2. The \$400.00 appeal fee, payable to Dunes City.
3. Check one of the items below to identify your party status with the right to appeal the decision:
 - I am the owner or contract purchaser of the subject property;
 - I am the applicant for the subject application;
 - Prior to the decision, I submitted written testimony into the record.
 - I am not one of the persons mentioned above, but wish to appeal the decision for the reasons explained in my letter.
4. A letter that addresses each of the following standards:
 - a. The reason(s) why the decision was made in error or why the decision should be reconsidered.
 - b. An identification of one or more of the following general reasons for the appeal, or request for reconsideration:
 - The Council/Commission/Committee exceeded his or her authority;
 - The Council/Commission/Committee failed to follow the procedure applicable to the matter;
 - The Council/Commission/Committee rendered a decision that is unconstitutional;
 - The Council/Commission/Committee misinterpreted the Dunes City Code, State Law, or other applicable criteria.
 - c. The Council/Commission/Committee should reconsider the decision to allow the submittal for additional evidence not in the record that addresses compliance with the applicable standards or criteria.
5. Any additional information in support of your appeal.

