



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

OFFICE USE ONLY	
FILE # _____	FEE \$ _____
ZONING _____	
DATE _____	

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