



Public Works/Community Development Department

500 Central Ave., Coos Bay, Oregon 97420

phone 541-269-8918 fax 541-269-8916

www.CoosBay.org

APPLICATION FOR APPEAL DIRECTOR OR PLANNING COMMISSION ACTION

Appellants are responsible for costs related to an appeal of a City land use decision by the Public Works/Community Development Director and/or Planning Commission. Appellants are also responsible for funding any application required by LUBA, Circuit Court and any appellate court.

A \$450.00 nonrefundable deposit is required with this appeal application. This application will not be accepted by the City without the \$450 deposit. Within five working days from receipt of this appeal application and the deposit, the City will notify the appellant of the anticipated appeal costs.

The Appellant shall pay the actual costs of public noticing and mailing, hearing(s), recording fees, Hearing Official, Planner or Technical Professional fees, legal fees, filing fees and publishing fees, review of technical reports and peer review. Appellant will also pay 15% of any Consultant (including legal) cost related to the appeal as an administrative fee for staff contract management.

If an appeal is withdrawn, the deposit will be refunded, less the cost of staff and consultant time incurred, and the cost of related appeal materials and actions, including, but not limited to, filing and publishing fees.

Within 5 working days of identification of an appeal's actual costs, the appellant will provide 50% of the estimated cost to the City for processing of the appeal to commence. After work on the appeal has commenced, the appellant shall provide the remaining 50% of the estimated appeal cost once the balance of the first 50% of has declined to \$1,000. City processing of work on the appeal shall cease until such time as the remaining 50% of the estimated appeal cost has been provided by the appellant.

It is at the City's discretion to use contract services to respond to the appeal. The City reserves the right to update the required cost of service for appellant payment if, as the appeal processing progresses, it becomes apparent that the original cost estimate was either too high or low. The terms of payment in such a case shall be as the original cost estimate, with the appellant providing 50% of any additional estimated appeal cost and the additional 50% once the balance of the first 50% of has reached \$1,000. City processing of work on the appeal shall cease until such time as the remaining 50% of the additional estimated appeal cost has been provided by the appellant.

At the end of this Land Use appeal application, the appellant is provided a signature line identifying concurrence with the requirements noted in this summary.

LAND USE DECISION ON APPEAL

Land Use Permit/Case File Number: _____

Type of Land Use Request: _____

Date of Decision being appealed: _____

Decision being appealed: _____

Public Works/Community Development Director: _____

Planning Commission: _____

BASIS OF APPEAL

I believe that certain policies and/or procedures of the Comprehensive Plan and/or provisions of the Coos Bay Development Code were not were not properly administered or followed. My comments in the space below specify party status and the chapter, section, and page numbers of the Comprehensive Plan and/or Coos Bay City Code where the policies and/or procedures at issue are found. Also included in the appeal must be a narrative explaining each issue on which the Appeal is based.

Additional pages are/are not attached

CONTACT INFORMATION

Applicant Name: _____

Appellant Name(s): _____

Email: _____

Phone Number: _____

Physical Address: _____

Mailing Address: _____

I understand that as an Appellant, I am responsible for appeal costs related to an appeal of a City land use decision by the Public Works/Community Development Director, the Planning Commission and any action before the City, LUBA, Circuit Court and any appellate court.

I have provided a \$450.00 nonrefundable deposit with this appeal application. I understand and agree that within five working days from receipt of this appeal application and my \$450 deposit the City will notify me of the anticipated appeal costs.

I agree to pay for the actual costs of public noticing and mailing, hearing(s), recording fees, Hearing Official, Planner or Technical Professional fees, legal fees, filing fees and publishing fees, review of technical reports and peer review. I agree to pay for 15% of any Consultant (including legal) cost related to the appeal as an administrative fee for staff contract management.

If I withdraw the appeal, I understand that the \$450 deposit will be refunded, less the cost of staff and consultant time incurred and cost of related appeal materials and actions such as, but not limited to, filing fees and publishing fees.

I agree that within 5 working days of identification of an appeal's actual costs, I will provide 50% of the estimated cost to the City for processing of the appeal to commence. After work on the appeal has commenced, I agree to provide the remaining 50% of the estimated appeal cost once the balance of the first 50% of has reached \$1,000. I agree that City processing of work on the appeal shall cease until such time as I have provided the remaining 50% of the additional estimated appeal cost.

I agree that it is at the City's discretion to use contract services to respond to the appeal. I understand and agree that the City reserves the right to update the required cost of service as the appeal processing progresses. I agree to pay the costs above the original amount estimated for the appeal processing under the terms of payment required for the original cost estimate; I will provide 50% of the additional estimated appeal cost and the additional 50% once the balance of the first 50% of has declined to \$1,000. I agree that City processing of work on the appeal shall cease until such time I have provided the remaining 50% of the additional estimated appeal cost.

I concur with the costs and terms specified in the City's APPLICATION FOR APPEAL OF STAFF OR PLANNING COMMISSION ACTION application form.

I agree that the name of the first appellant identified below is the contact person related to the appeal. I agree that the City is responsible to contact the first appellant only during the processing of the appeal. I agree that as the first appellant, I am responsible for all fees specified in the City's APPLICATION FOR APPEAL OF STAFF OR PLANNING COMMISSION ACTION application form.

I acknowledge that at any point in the appeal process appellant failure to pay the costs of the appealed as outlined in this application shall constitute grounds for the City to reject the appeal and/or dismiss the appeal and/or cease work on the appeal.

CERTIFICATION

(attach additional names, signatures, and dates as necessary)

X _____
Signature of Appellant Date

Printed Name

X _____
Signature of Appellant Date

Printed Name

X _____
Signature of Appellant Date

Printed Name

Office Use Only

Date Application Received: _____

Accepted by: _____

Signature of Community Development Staff: _____

Printed Name of Community Development Staff: _____

Date Fees Paid: _____

Receipt Number: _____

*Filing Fee: \$450.00 deposit plus costs