

LAND USE DECISION APPEAL FORM

You do not have to use this form to file an appeal. However, if you do not use it, please make sure that your appeal includes all the information requested on this form. The appeal, along with any required filing fee, must reach Seaside City Hall (989 Broadway) or Seaside Community Development (1387 Ave. U) no later than 5:00 p.m. of the last day of the appeal period.

APPELLANT INFORMATION (Person or group making appeal)

1. Appellant:

If several individuals are appealing together, list their names and addresses on a separate sheet. If appeal is on behalf of an organization, indicate the group's name and mailing address.

Name _____

Address _____

Phone: Home _____ Work _____

E-mail Address: _____

2. Authorized Representative:

Name of representative if different from the appellant indicated above. Groups must specify one person to be representative/contact person.

Name _____

Address _____

Phone: Home _____ Work _____

E-mail Address: _____

DECISION BEING APPEALED

1. Decision appealed (File Reference Number): _____

2. Property address of decision being appealed: _____

3. Elements of decision being appealed. Check one or more as appropriate:

_____ Adequacy of conditions

_____ Decision maker error

_____ Impartiality, bias, or notice challenge

_____ Other. Please specify: _____

APPEAL INFORMATION

Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number.

1. What is your interest in this decision? How are you affected by it?

2. What are your objections to the decision? List and describe what you believe to be the errors, omissions, or other problems with this decision. The objections need to be specific and relevant to the criteria applicable to the decision.

3. What relief are you seeking? (Specify what you want the appellate body to do? e.g. reverse the decision, require additional conditions, modify the approval conditions, etc.)

Signature _____

Date _____

Appellant or Authorized Representative _____

Appeal Fee Based on level of appeal: _____.

For Office Use Only:

Appeal Hearing Body: _____

Payment Receipt Number: _____

Proposed Appeal Hearing Date: _____