APPEAL OF A TYPE II DECISION

LAND MANAGEMENT DIVISION

PUBLIC WORKS DEPARTMENT  3050 NORTH DELTA HIGHWAY, EUGENE OR 97408
PLANNING: 541-682-3577  BUILDING: 541-682-4651  SANITATION: 541-682-3754

For Office Use Only

FILE # CODE: HOAPPEAL FEE: $250

Appellant: ______________________________________________________________________________________
Mailing address: ____________________________________________________________________________________
Phone: __________________________ Email: ________________________________
Signature: _________________________________________________________________________________________

Appellant’s Representative: _________________________________________________________________________
Mailing address: __________________________________________________________________________________
Phone: __________________________ Email: ________________________________
Signature: _________________________________________________________________________________________

LOCATION (subject property)
_____________________________________________________________________________________________________

Township  Range  Section  Taxlot  Subdivision/partition  lot/parcel

REQUIRED SUBMITTALS. A notice of appeal must be filed with the Director prior to the end of business (4 pm PST) on the 12th day after the date the notice of decision is mailed.

Please note that your appeal application will be rejected if it does not meet all the requirements of Lane Code 14.080(1) except LC 14.080(1)(c)(vi). Failure to address all appeal requirements, including all information requested by this form, may result in the appeal being rejected.

1. A copy of the decision being appealed, with the department file number:____________________ and date of the decision____________________

2. The $250 appeal fee, payable to Lane County.

3. The appeal deadline, as stated in the Director’s Decision: _________________________________

4. Address each of the following standards:
   a. State how the appellant is a person who is entitled to written notice under LC 14.060 or a person who is adversely affected or aggrieved by the application:
     □ I am a person entitled to receive the Notice of Decision per LC 14.060
     □ I am adversely affected or aggrieved by the application because (explain):
       _______________________________________________________________________________________
       _______________________________________________________________________________________

See Page 2, appeal form continued. →
b. State the reason(s) why the Director’s decision was made in error or why the Director should reconsider the decision.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________


c. Provide an explanation with detailed support specifying one or more of the following as assignments of error or reasons for reconsideration (attach a separate letter if necessary):

☐ The Director exceeded their jurisdiction;

☐ The Director failed to follow the procedure applicable to the matter;

☐ The Director rendered a decision that is unconstitutional; or

☐ The Director misinterpreted the Lane Code or Lane Manual, state law or federal law, or other applicable standards and criteria.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

5. Include any other additional information in support of your appeal.