



Community Development Department  
PO Box 2460 16345 Sixth Street  
La Pine, Oregon 97739  
Phone: (541) 536-1432 Fax: (541) 536-1462  
Email: info@lapineoregon.gov

---

## Appeal Application

---

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Original File Number # \_\_\_\_\_

Fee \$ 50% of Application Fee

File Number # \_\_\_\_\_

---

---

PERSON FILING APPEAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**IN ORDER TO APPLY FOR AN APPEAL:**

1. THE FILER MUST HAVE SUBMITTED TESTIMONY AT THE HEARING, **OR** MUST HAVE SUBMITTED WRITTEN TESTIMONY PRIOR TO THE HEARING, **OR** MUST BE A PERSON TO WHOM NOTICE WAS TO BE MAILED **AND** TO WHOM NO NOTICE WAS MAILED.
2. IF A HEARING WAS HELD, A TRANSCRIPTION OF THE MAGNETIC/CD TAPE RECORD MUST BE SUBMITTED BY THE APPLICANT. FAILURE TO SUBMIT THE TRANSCRIPTION WITHIN TEN DAYS AFTER THE NOTICE IS FILED SHALL RENDER A NOTICE OF APPEAL INSUFFICIENT.
3. A BURDEN OF PROOF STATEMENT MUST BE ATTACHED. THE BURDEN OF PROOF SPECIFIES THE GROUNDS FOR THE APPEAL AND ADDRESSES ERRORS WITHIN THE ADOPTED FINDINGS OF FACT DOCUMENT.



**Community Development Department**  
**PO Box 2460 16345 Sixth Street**  
**La Pine, Oregon 97739**  
**Phone: (541) 536-1432 Fax: (541) 536-1462**  
**Email: info@lapineoregon.gov**

4. THE FILING FEE MUST ACCOMPANY THE APPLICATION FOR APPEAL.

I AM APPEALING THE STAFF REPORT / FINDINGS OF FACT OF THE PROPERTY KNOWN AS:

T-15 R-13 SECTION \_\_\_\_\_, TAX LOT \_\_\_\_\_,

REFERENCED IN \_\_\_\_\_ (FILE NUMBER)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_