

**CITY OF CANNON BEACH
NOTICE OF APPEAL - ADMINISTRATIVE DECISION**

Appellant's Name: _____

Email Address: _____

Mailing Address: _____

Telephone: _____

1. Appeal of Administrative Decision by _____, regarding:

as stated in letter dated _____.

2. Specific grounds relied upon for the appeal, including any Zoning Ordinance criteria or standards that you consider to be relevant:

Please attach additional pages, if needed, and any other relevant information.

FEE: \$400.00

Appellant Signature: _____ Date: _____

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For Staff Use Only:

Date Appeal Received: _____ By: _____
Appeal Fee Paid: _____ Receipt No.: _____

