

APPEAL OF PLANNING DIVISION DECISION

Marion County Planning Division 5155 Silverton Rd. NE Salem, Oregon 97305 (503) 588-5038

Fee: \$250

NAME(S):		ADDRESS, CITY, STATE, ZIP	
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DATE SUBN	MITTED:	APPLICATION CASE NO:	
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otice of Ap	opeal: Every notice of appeal should	d contain:	
	the decision is factually or legally inc		
	ent new facts material to the decision; specific reasons for the appeal.	or	
. The s	peeme reasons for the appear.		
/we are filin	g this appeal because (attach addition	al pages if needed):	
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	FOR O	FFICE USE ONLY:	
	Appeal accepted by:	Date:	
	Case Number:		
	Filing fee		
	File attached		