



City of Tualatin

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REQUEST FOR REVIEW

A Request for Review must be received by the Community Development Department - Planning Division or Engineering Department by 5:00 p.m. of the 14th calendar day after the Notice of the Decision. Only those persons who submitted comments during the notice period may submit a request for review. You must provide all of the information requested on this form, as required by TDC 31.075. This form must be signed and submitted in writing. You will be notified of the hearing date.

Name of Party requesting review _____

Address _____

Date _____ Telephone _____

Did you submit comments on the proposal during the notification period? _____

You represent or you are:

- The applicant
- City Councilor
- Government agency
- City-recognized neighborhood association
- Architectural Review Board (ARB) member
- City Manager
- Other _____

I request a review of Case No. ____ - ____ - ____:

This form is used in part to determine the appropriate hearing body for review. Check which portion of the decision for which you are requesting review:

- AR/Arch. Features
- AR/Public Facilities
- Historic Landmark
- Industrial Master Plan
- Interpretations
- Partitions
- Reinstatement of Use
- Sign Variance
- Subdivisions
- Transitional Use Permit
- Variances

Project: _____
(Give description of subject property or proposed name of project)

Explain clearly which portions of the decision you are asking to be reviewed (attach separate sheet if needed). This should specify how you are adversely affected by the decision and how the decision is allegedly not in conformance with applicable TDC requirements: _____

Appeal of Staff Architectural Review decision to ARB: _____
\$0. Appeal of Decision to Council: Please see current fee schedule. Your signature

FOR OFFICE USE ONLY:			
Received by Planning _____	Received by Engineering _____	Date received: _____	
Fee received _____	Receipt No. _____	Check # _____	
The review will be heard by the _____ ARB _____ City Council Date of hearing: _____			