



City of Tualatin

www.tualatinoregon.gov

REQUEST FOR REVIEW OF HISTORIC LANDMARK CERTIFICATE OF APPROPRIATENESS FINDINGS AND DECISION

A Request for Review must be received by the Community Development Department - Planning Division by 5:00 p.m. of the 14th calendar day after the Notice of Decision on a Certification of Appropriateness is given. 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 _____

You represent, or you are:

- | | |
|--|---|
| <input type="checkbox"/> the applicant | <input type="checkbox"/> City Manager |
| <input type="checkbox"/> City Councilor | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government agency | <input type="checkbox"/> City-recognized neighborhood association |

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

Project: _____
(Give description of the Certificate of Appropriateness subject)

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 Tualatin Development Code requirements: _____

Your signature

FOR OFFICE USE ONLY:		
Date received: _____	Check # _____	City Council hearing date _____
Fee received _____	Receipt No. _____	