



LUBA REMAND—REQUEST FOR REVIEW

APPLICANT / AGENT:

Name: _____

Mailing Address: _____

Phone Number(1): _____ Phone Number (2): _____

Email (1): _____ Email (2): _____

PROPERTY OWNER: _____ Same As Above, or

Name: _____

Mailing Address: _____

Phone Number(1): _____ Phone Number (2): _____

Email (1): _____ Email (2): _____

PROPERTY SITE ADDRESS: _____

SUBJECT PROPERTY:

Map / Tax Lot	Tax Account No.	Zone	Acres
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL ACRES: _____

PREVIOUS LOCAL FILE NO.: _____ **LUBA CASE NO.:** _____

PROJECT DESCRIPTION: _____

ASSIGNMENTS OF ERROR TO BE REVIEWED: _____

NOTE: Please attach all supplemental information , written narrative, maps and site plans that you would like to include into the record.

ADDITIONAL COMMENTS: _____

CERTIFICATION:

I hereby certify that I am the property owner, or authorized representative, and that all of the above statements, and all other documents submitted, are accurate and true to the best of my knowledge and belief.

_____ <i>Print Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>
_____ <i>Print Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>

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Planning Department Use Only

Date Rec'd. _____	Accela Record No.: _____
Fee: _____	Receipt No. _____
Staff: _____	File No. _____