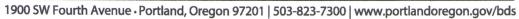


City of Portland, Oregon - Bureau of Development Services





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Type II and IIx Decision Appeal	Form LU Number: LN 10-136 475 AD
FOR INTAKE, STAFF USE ONLY Date/Time Received 1/20/17 C 1(.30 AA Received By	Fee Amount \$\frac{\infty}{250}\$ [Y] [N] Fee Waived Bill # \$\frac{1062377}{100000000000000000000000000000000000
APPELLANT: Complete all sections below. Please print legibly.	
PROPOSAL SITE ADDRESS SW comer NE 53rd	+ NE COUCH DEADLINE OF APPEAL JAN 20, 2017
Name STEPHANIE KAZA	
Address 5325 NE Coven St City	Portland State/Zip Code OR 97213
Day Phone 862 310 - 3125 Email 5 Kaza e uvm edu Fax	
Interest in proposal (applicant, neighbor, etc.) neighbor	
Identify the specific approval criteria at the source	of the appeal:
Zoning Code Section 33. 120 . 220. B	Zoning Code Section 33. 805 . 04 0 A- F
Zoning Code Section 33. 120 . 230. B	Zoning Code Section 33
Describe how the proposal does or does not meet the specific approval criteria identified above or how the City erred procedurally:	
	now requests not compatible with
	onship to neighbor impacts not
addressed; shored driveway regui	remort not met
Appellant's Signature Sryleni Kyz	
FILE THE APPEAL - Submit the following:	
This completed appeal form A copy of the Type II or IIX Decision being appealed An appeal fee as follows: \$250, payable to City of Portland No appeal fee is charged when appeal is filed by ONI rec Fee waiver request letter for low income individual is sign Fee waiver request letter for Unincorporated Multnomah	
The City must receive the appeal by 4:30 pm on the deadline in the appeal, submit the completed appeal application and fee (the 5th Floor of 1900 SW 4th Ave, Portland, Oregon, between 8	isted in the Decision in order for the appeal to be valid. To file or fee waiver request as applicable) at the Reception Desk on
A public hearing on the appeal will be held. The land use review ap	oplicant, those who testified and everyone who received notice of the

Information about the appeal hearing procedure and fee waivers is on the back of this form.