LAND USE/SEPA DECISION APPEAL FORM

You do not have to use this form to file an appeal. However, if you do not use it, please make sure that your appeal includes all the information requested on this form. The appeal, along with any required filing fee, must reach the Office of Hearing Examiner, no later than 5:00 p.m. of the last day of the appeal period.

APPELLANT INFORMATION (Person or group making appeal)

1. **Appellant:**
   If several individuals are appealing together, list the additional names and addresses on a separate sheet and identify a representative in #2 below. If an organization is appealing, indicate group's name and mailing address here and identify a representative in #2 below.

   Name ______________________________________________________
   Address ____________________________________________________

   Phone: Work: _______________ Home: _______________
   Fax: ___________________ Email Address: _____________________

2. **Authorized Representative:**
   Name of representative if different from the appellant indicated above. Groups and organizations must designate one person as their representative/contact person.

   Name _________________________________________________________
   Address _______________________________________________________

   Phone: Work:_______________ Home:________________
   Fax: ___________________ Email Address: __________________________

DECISION BEING APPEALED

1. **Decision appealed** (Indicate MUP #, Interpretation #, etc.): ________________________

2. **Property address** of decision being appealed: ________________________________

3. **Elements of decision being appealed.** Check one or more as appropriate:
   - _____ Adequacy of conditions
   - _____ Variance
   - _____ Design Review and Departure
   - _____ Adequacy of EIS
   - _____ Conditional Use
   - _____ Interpretation (See SMC 23.88.020)
   - _____ EIS not required
   - _____ Short Plat
   - _____ Major Institution Master Plan
   - _____ Other (specify:________________________)

(over)
APPEAL INFORMATION

Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number.

1. What is your interest in this decision? (State how you are affected by it)
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________
   _______________________________________________________________

2. What are your objections to the decision? (List and describe what you believe to be the errors, omissions, or other problems with this decision.)
   _______________________________________________________________
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3. What relief do you want? (Specify what you want the Examiner to do: reverse the decision, modify conditions, etc.)
   _______________________________________________________________
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   _______________________________________________________________

Signature _____________________________________
Date______________________
Appellant or Authorized Representative ________________________________

Deliver or mail appeal and appeal fee to:

City of Seattle
OFFICE OF HEARING EXAMINER
P.O. Box 94729
Seattle WA 98124-4729

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