

LAND USE/SEPA DECISION APPEAL FORM

It is not required that this form be used to file an appeal. However, whether you use the form or not, please make sure that your appeal includes all the information/responses requested in this form. An appeal, along with any required filing fee, must be received by the Office of Hearing Examiner, not later than 5:00 p.m. on the last day of the appeal period or it cannot be considered.

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: _____

In what format do you wish to receive documents from the Office of Hearing Examiner?

Check One: _____ *U.S. Mail* _____ *Fax* _____ *Email Attachment*

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: _____

In what format do you wish to receive documents from the Office of Hearing Examiner?

Check One: _____ *U.S. Mail* _____ *Fax* _____ *Email Attachment*

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	_____ Rezone
_____ 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.)

3. What relief do you want? (Specify what you want the Examiner to do: reverse the decision, modify conditions, etc.)

Signature _____

Date _____

Deliver or mail appeal and appeal fee to:

MAILING ADDRESS: City of Seattle
Office of Hearing Examiner
P.O. Box 94729
Seattle, WA 98124-4729

PHYSICAL ADDRESS:	SEATTLE MUNICIPAL TOWER 700 5 th Avenue, Suite 4000 40 th Floor Seattle, WA 98104
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Note: Appeal fees may also be paid by credit or debit card over the phone (Visa or MasterCard only).

Phone: (206) 684-0521

Fax: (206) 684-0536

www.seattle.gov/examiner