

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. Delivery of appeals filed by any form of USPS mail service may be delayed by several days. Allow extra time if mailing an appeal.

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: Yakov Sinai / Bella Bee LLC
 Address: _____
 Phone: Work: [REDACTED] Home: _____
 Fax: _____ Email Address: bella_bee@yahoo.com

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: Jessica Clawson
 Address: c/o McCullough Hill Leary
701 5th Avenue Suite 600 Seattle WA 98104
 Phone: Work: 206 612 3378 Home: 206 313 0931
 Fax: _____ Email Address: Jessie@nhscattle.com

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.): SEPA DNS- attached

2. Property address of decision being appealed: N/A

3. Elements of decision being appealed. Check one or more as appropriate:

- | | |
|--|---|
| <input type="checkbox"/> Adequacy of conditions | <input type="checkbox"/> Variance |
| <input type="checkbox"/> Design Review and Departure | <input type="checkbox"/> Adequacy of EIS |
| <input type="checkbox"/> Conditional Use | <input type="checkbox"/> Interpretation (See SMC 23.88.020) |
| <input checked="" type="checkbox"/> EIS not required | <input type="checkbox"/> Short Plat |
| <input type="checkbox"/> Major Institution Master Plan | <input type="checkbox"/> Rezone |
| <input type="checkbox"/> 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)

See Attached

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.)

See Attached

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

See Attached

Signature

Kearney

Date

5-17-2021

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 5th Avenue, Suite 4000
40th Floor
Seattle, WA 98104

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