

## 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 Jacqueline Szikszoy  
Address 5722 SW Admiral Way  
Seattle WA 98116-2822  
Phone: Work: 2062761933 Home: 2062761933  
Fax: \_\_\_\_\_ Email Address: jszikszoy@gmail.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 \_\_\_\_\_  
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.): 3039297 - SD
2. **Property address** of decision being appealed: 3010 59th Ave SW
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 type="checkbox"/> EIS not required	<input type="checkbox"/> Short Plat
<input type="checkbox"/> Major Institution Master Plan	<input type="checkbox"/> Rezone
<input checked="" type="checkbox"/> Other (specify: <u>school departures</u> )	

(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)

I live and own property in the neighborhood and will be significantly impacted by increased traffic, lack of parking & congestion. The departures make my neighborhood unsafe for pedestrians and vehicles. My toddler son was almost killed at the crosswalk 59th and Stevens. I have also volunteered for dark skies, object to lit sign

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.)

departure #2/parking: school is within Alki Parking Overlay adjacent to the 1 Seattle public park without designated parking and relied on faulty, erroneous study data. There are no ADA provisions legally require #3 bus load: load and unload on 59th is already congested before increasing enrollment. #4 and #5 curb cuts are dangerous for toddlers and pedestrians on downhill approach to school. #9 LIT sign is contrary to cultural norms of conservation, energy efficiency, design

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

Reverse all departures decisions. Require the standard public review process. Require EIS! Require school to fit in its environment.

Signature

J. Sturzo

Date

21 May 2023

### 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<sup>th</sup> Avenue, Suite 4000  
40<sup>th</sup> 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](http://www.seattle.gov/examiner)