

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 Shauna Causey
Address 5723 SW Stevens and 5716 SW Admiral Way
Phone: Work: 206-612-7122 Home: 206-612-7122
Fax: _____ Email Address: shaunacausey@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.): 303929 - 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 own two homes within 100 ft. (est) of the proposed construction site. The Stevens Str. property is already inaccessible by car at certain times and parking departure #2 will make conditions impossible with illegal parking blocking my driveway, increased congestion & pollution in a home with 2 toddlers.
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.)
#2 parking departure did not consider the Alki parking overlay, the effect of a public park, forest and playground with no onsite parking, and the justification for this departure relied on a flawed and inaccurate parking study.
#4 #5 #6 regarding curb cut will make it incredibly dangerous to walk on 59th with my two toddlers.
I object to the whole project due to lack of public process.
3. What relief do you want? (Specify what you want the Examiner to do: reverse the decision, modify conditions, etc.)
I would like the Examiner to reverse the departures decisions, require a mandated public process, require an EIS and consider the surrounding environment.

Signature Shauna Causey

Date May 21, 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 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