

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, addresses, and numbers on a separate sheet and identify a representative in #2 below. If an organization is appealing, indicate the group's name, addresses, and numbers here and identify a representative in #2 below.

Name ELISA KAY SPARKS  
Address 2763 59th AVE. SW  
SEATTLE WA 98110  
Phone: Work: \_\_\_\_\_ Home: 864-940-6157  
Fax: \_\_\_\_\_ Email Address: sparks@clermson.edu

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**

PROJECT# 3039297-5P

1. Decision appealed (Departmental File or Reference #.): \_\_\_\_\_
2. Address (if any) connected to decision being appealed: ALKI ELEMENTARY SCHOOL  
3010 59th AVE SW
3. Type of issue/decision being appealed if known (ask for assistance if unknown):

DISCUSSION OF ISSUES NOT ADDRESSED IN DEPARTURE  
FOR BUILDING OF ALKI ELEMENTARY. APPEAL FOR RE-CONSIDERATION OF DEPARTURE AND  
RE  
CODE.

(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 appeal? (State how you are involved or affected by it)

I LIVE ACROSS THE STREET AND A FEW HOUSES DOWN FROM THE SCHOOL AND AM A DAILY WITNESS TO TRAFFIC + SAFETY PROBLEMS OF CURRENT SITUATION AND AM CONCERNED PLANS WILL ONLY MAKE THINGS MUCH WORSE.

2. What are your objections to the issue being appealed? (List and describe what you believe to be the errors, omissions, or other problems and issues involved.)

I HAVE WRITTEN A LETTER WHICH IS ATTACHED TO THE EMAIL

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

I CANT BELIEVE I AM ASKING FOR MORE MEETINGS! BUT I FEEL CURRENT PROPOSAL IS UNWORKABLE AND NEEDS TO BE THOROUGHLY RE-CONSIDERED AND ALTERED TO INCLUDE ADEQUATE PROVISIONS FOR PARKING, CLEARLY SCHOOL NEEDS RE-FURBISHING, BUT NOT THIS PLAN.

Signature Elin Ky Appleby

Date 5/22/23

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).