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.

RECEIVED BY
2014 MAR 31 PM 1:01
OFFICE OF HEARING EXAMINER

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 MORGAN NEIGHBORS
Address 4109 SW ORCHARD ST.
SEATTLE, WA 98136
Phone: Work: (206) 948 8815 Home:
Fax: Email Address: morganneighbors@hotmail.com

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

Check One: ____ *U.S. Mail* ____ *Fax* X *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 VLAD OUSTIMOVITCH
Address 4109 SW ORCHARD ST.
SEATTLE, WA 98136
Phone: Work: (206) 948 8815 Home:
Fax: Email Address: vlad@voka.us

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

Check One: ____ *U.S. Mail* ____ *Fax* X *Email Attachment*

DECISION BEING APPEALED

1. **Decision appealed** (Indicate MUP #, Interpretation #, etc.): 3016077 DNS
2. **Property address** of decision being appealed: 6917 California Ave SW
3. **Elements of decision being appealed.** Check one or more as appropriate:

____ Adequacy of conditions	____ Variance
X Design Review and Departure	____ Adequacy of EIS
____ Conditional Use	X Interpretation (**See SMC 23.88.020**)
X 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)
   IMPACT ON COMMUNITY CAUSED BY PROPOSED DEVELOPMENT.

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.)
   INADEQUACY OF REVIEW OF PROJECT BY THE DEPARTMENT OF PLANNING AND DEVELOPMENT.

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

Signature _____ Date March 31, 2014

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*