

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 621 Apartments LLC, Roy Street Commons LLC, Eric and Amy Friedland, and Raissa Renee Lyles

Address c/o Courtney Kaylor, McCullough Hill Leary P.S.
701 Fifth Ave., Ste. 6600, Seattle, WA 98101

Phone: Work: 206-812-3388 Home: _____

Fax: 206-812-3389 Email Address: courtney@mhseattle.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 Courtney Kaylor, McCullough Hill Leary P.S.

Address See above

Phone: Work: _____ Home: _____

Fax: _____ Email Address: _____

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Check One: ☐ U.S. Mail ☐ Fax ☒ Email Attachment

DECISION BEING APPEALED

1. **Decision appealed** (Indicate MUP #, Interpretation #, etc.): DNS for Land Use Code and Licensing Code Text

Amendments Related to Short Term Rentals

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

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

<input checked="" 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 checked="" type="checkbox"/> Other (specify: <u>Adequacy of proposal description, checklist, environmental analysis, public process</u>)	

(over)

APPEAL INFORMATION

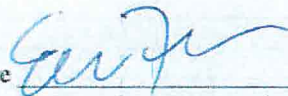
Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number.

1. What is your interest in this decision? (State how you are affected by it)
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



Date

5/14/17

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

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See attached

X

Signature

Kamela

Date

5/13/17

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See attached

Signature

Courtney Kaylar

Date

5/15/17

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