

LAND USE/SEPA DECISION APPEAL FORM

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OFFICE OF HEARING EXAMINER

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 KAY SMITH-BLUM
Address 2319 FIRST AVE #708 SEATTLE WA 98121

Phone: Work: — Home: 206 498 2160

Fax: — Email Address: KAY@BUTCHBLUM.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. LIST ATTACHED

Name KAY SMITH-BLUM
Address 2319 FIRST AVE #708 SEATTLE WA 98121

Phone: Work: — Home: 206 498 2160

Fax: — Email Address: KAY@BUTCHBLUM.COM

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.): NOISE VARIANCE #3029782

2. Property address of decision being appealed: VIADUCT DEMOLITION

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

<input type="checkbox"/> Adequacy of conditions	<input checked="" 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>MODIFY HOURS GRANTED</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)

My(our) Residence will be within 50-100 feet of construction / demolition for an estimated 150 days.

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.)

1. The state never even considered other alternatives like more workers less hours
2. Multiple violations of noise code during first phase of demolition of south section resulted in health problems & lack of livability
3. The project does not meet the criteria set by city to qualify for variance - IE does not threaten worker safety & far from being economically feasible - 24/7 locks up overtime costs which
4. Though zoned commercial most areas now include residential units. Your zoning does not reflect reality.

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

Modify the hours - major noise within 150 feet of residential structures disallowed after 7pm. Require state to ask for alternative construction schedules. Live monitoring of noise levels required 24/7 access to public - via website - during entire construction period.

Signature

Kay Smith - 1st

Date

3.27.2018

Period

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

your city must pay (the city pays budget over runs)

Filed on behalf of: Residents of Pomeroy
2319 FIRST AVE
98121

1. Shannon Stephenson #208
2. Eric Opel #702
3. Kathleen Givens #802
4. Michael Russo #503
5. Susan Miyahara #406
6. Julie Sutton #508
7. Randal Prosser #401
8. Patricia Kizer #506
9. Chris Kiehl
10. Damoun Houshangian #502
11. Allan Ferrin #803
12. Jeff & Elita Deoncampo #404
13. Karyn Blasi & Charles Hellar #804