

## 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 Jackie Swarts  
Address 2319 - 1st Ave #705  
Seattle, WA 98121  
Phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fax: \_\_\_\_\_ Email Address: jackie1.home@yahoo.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.): Project # 3029782

2. Property address of decision being appealed: Alaskan Way Viaduct

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 type="checkbox"/> 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)

I live in the Pomeroy, on First & Battery, and I'll be directly affected by the noise variance. It's incomprehensible that we should be subjected to sleepless nights for 3 months. My bedroom window faces the Viaduct and I understand the triangle of land directly in front of my window is to be used for staging equipment. It will be producing lots of noise as things move in/out and about.

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.)

It does not allow for residents to sleep at night for an extended period of time. Not healthy!

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

Shorter hours of Tam to 7pm near/within 180 feet of residences

Signature

Jackie Swartz

Date

3/26/18

### 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).*

Phone: (206) 684-0521

Fax: (206) 684-0536

[www.seattle.gov/examiner](http://www.seattle.gov/examiner)