

LAND USE/SEPA DECISION APPEAL FORM

You do not have to use this form to file an appeal. However, if you do not use it, please make sure that your appeal includes all the information requested on this form. The appeal, along with any required filing fee, must reach the Office of Hearing Examiner, no later than 5:00 p.m. of the last day of the appeal period.

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 _____

Address _____

Phone: Work: _____ Home: _____

Fax: _____ Email Address: _____

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: _____

DECISION BEING APPEALED

1. **Decision appealed** (Indicate MUP #, Interpretation #, etc.): _____

2. **Property address** of decision being appealed: _____

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

_____ Adequacy of conditions

_____ Variance

_____ Design Review and Departure

_____ Adequacy of EIS

_____ Conditional Use

_____ Interpretation (**See SMC 23.88.020**)

_____ EIS not required

_____ Short Plat

_____ Major Institution Master Plan

_____ Rezone

_____ Other (specify: _____)

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)

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.)

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

Signature Qkt

Date_____

Appellant or Authorized Representative _____

Deliver or mail appeal and appeal fee to:

City of Seattle
OFFICE OF HEARING EXAMINER
P.O. Box 94729
Seattle WA 98124-4729

SEATTLE MUNICIPAL TOWER - 700 5th Avenue, Suite 4000
Phone: (206) 684-0521 Fax: (206) 684-0536
www.seattle.gov/examiner

Additional Individuals and Organizations Joining this Appeal:

1. Site 17 Homeowners Association, 2440 Western Ave, Seattle WA 98121
2. Board of Directors, Site 17 HOA, 2440 Western Ave, Seattle WA 98121, board@site17.com
3. Rodney Barney, 2440 Western Avenue, Apt 709, Seattle, WA 98121, Rodney.Barney@yahoo.com
4. Kimberly LaDuca, 2440 Western Ave, Apt 205 Seattle, WA 98121, kimberlysite17@gmail.com
5. Andrew LaDuca, 2440 Western Ave, Apt 205, Seattle, WA 98121
6. Bob Chatalas, 2440 Western Ave, Apt 716, Seattle, WA 98121, bobchatalas@gmail.com
7. Renee Chatalas, 2440 Western Ave, Apt 716, Seattle, WA 98121