



Appeal to the Hearing Examiner
of
Administrative Official's Decision

Appellant

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____

Property Interest of Appellant: _____

Property Owner

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____

Property Interest of Owner _____

Property Tax Parcel Number _____

Case File No. _____ Date of Decision Being Appealed _____

Decision Relates To:

- Zoning Ordinance Section: _____
- Subdivision Ordinance Section: _____
- Critical Areas Ordinance Section: _____
- Shoreline Program Section: _____
- Interpretation of: _____

A Statement Is Attached To This Application Containing:

1. Why I believe the determination or interpretation is not correct, and
2. What I believe to be the correct determination or interpretation, and
3. How the decision adversely affects me or my property

Hearing Examiner Appeal Fee: \$500.00

I certify that all of the above statements and the statements contained in attachments are true to the best of my knowledge and belief.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Signature: _____

Printed Name: _____

Residing at: _____

My appointment expires: ____ / ____ / _____

For Official Use Only:

Appeal Case # : _____ Date Filed: _____

Receipt Number: _____

When the appellant is other than owner of the property in question, the OWNER was notified by a staff person of the appeal on the following date: ____ / ____ / ____