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APPEAL APPLICATION

Case Tracking Number # _____

Staff Interpretation SEPA Determination Reconsideration Land Use Decision

Date of Original Decision _____

Project Name _____

Site Address _____

Action or Decision Being Appealed _____

CONTACT INFORMATION

APPELLANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

Contact Name _____

Ph _____ Fax _____

E-mail _____

REPRESENTATIVE INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Ph _____ Fax _____

E-mail _____

I request the Hearing Examiner consider my appeal. I understand that if the Hearing Examiner has authority over the action being appealed, an open record hearing will be scheduled, and I will be notified in writing of the date and place of the hearing. If the Hearing Examiner does not have authority over the action being appealed, I will be promptly notified. I also understand that any appeal fee is non-refundable and additional fees to cover staff time or Hearing Examiner costs, as allowed by the adopted fee schedule, are my responsibility.

I certify to the best of my knowledge, the information provided on this application is true and correct.

Sign Appellant / Agent _____ Date _____

Print Appellant / Agent _____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Application Fee \$ _____ Date _____ Receipt Number _____

PROVIDE COMPLETE RESPONSES TO THE FOLLOWING:

1. Municipal code section(s) that apply to this appeal _____

2. Basis for appeal (what is the reason the appellant considers the decision to be an error) _____

3. Are there other key facts about the appellant's appeal (for example, what happened, when) that the appellant wants to disclose? _____ Yes _____ No Note: If "yes," please describe the key facts on a separate page.

4. Are there additional materials (letters, drawings, etc.) related to the appeal? _____ Yes _____ No

Note: If "yes," please list the type and date of materials being submitted.
