



6100 219<sup>th</sup> Street SW, Suite 200  
 Mountlake Terrace, WA 98043  
 Phone 425.744.6267 Fax 425.775.0420  
[PermitSpecialist@ci.mlt.wa.us](mailto:PermitSpecialist@ci.mlt.wa.us)  
[www.cityofmlt.com](http://www.cityofmlt.com)

# APPEAL APPLICATION

Case Tracking Number # \_\_\_\_\_

- Hearing Examiner / Council       Remand or Reconsideration       Staff Interpretation

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 \_\_\_\_\_

1. Municipal code section(s) that apply to this appeal if known \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Basis for appeal (what is the reason the appellant considers the City's action 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 the appeal fee is non-refundable.**

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

**Sign** Owner / Agent \_\_\_\_\_ **Date** \_\_\_\_\_

**Print** Owner / Agent \_\_\_\_\_ **Date** \_\_\_\_\_

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**OFFICE USE ONLY**

Received By \_\_\_\_\_ Date \_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt Number \_\_\_\_\_