



Office of the City Clerk  
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 Sammamish, WA 98075-9509  
 Phone: 425-295-0500  
 Fax: 425-295-0600  
 City Hall Hours: 8:30am-5:00pm  
 Web: [www.sammamish.us](http://www.sammamish.us)

## Appeal of Type 2 Land Use Decision to Hearing Examiner

This form may be used to submit an appeal to the Hearing Examiner of a Type 2 land use decision by the Director of Community Development. Appeals must be filed within 21 calendar days of the date of issuance of the decision. Appeals shall be filed with the City department that issued the original decision; the department will provide a copy to the Hearing Examiner.

Pursuant to Sammamish Municipal Code (SMC) 20.10.080, department staff will be available to respond to queries concerning the facts and process of the City decision within a reasonable amount of time. The scope of the appeal shall be based principally on matters or issues described in this appeal request form. Appellants may add additional pages to this form as needed. Please note that appeals may be not be accepted if the information provided on this form is insufficient. Appeals may be denied by the Hearing Examiner if it is determined that an appellant has an inadequate basis for their appeal.

An application fee of \$250, paid by cash or check, is due upon submittal of this request form. Completed application forms and payment may be submitted at City Hall during normal operating hours.

### Appellant Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Property Parcel Number(s): \_\_\_\_\_  
 Property Address: \_\_\_\_\_

### Appealed Decision Information

Decision Name: \_\_\_\_\_ Decision File Number: \_\_\_\_\_  
 Decision Date: \_\_\_\_\_

### Other Required Information

What actions or decision are being taken on the project?

What is the decision being appealed?

Has the appellant consulted with the staff member responsible for the project?  Yes  No  
 If Yes, please describe:

Has the appellant reviewed the project record on file with the City to obtain a comprehensive understanding of the project?  Yes  No

Is the appellant interested in mediation (Chapter 20.20 SMC)?  Yes  No

### Appeal Questions (SMC 20.10.080(2)(b))

*Identify the alleged errors in the decision identified above.*

*State specific reasons why the decision should be reversed or modified.*

*Describe the harm suffered or anticipated by the appellant as a result of the decision.*

*Describe the relief sought from the decision.*

**Appellant Signature**

Appellant Signature:

Date:

Appellant Signature:

Date:

**Office Use Only**

Received By:

Date Stamp:

Fee Paid: \$  Cash  Check