APPEAL OF ADMINISTRATIVE DECISION TO HEARING EXAMINER

OFFICIAL USE ONLY		
Case #: ___________________	Master File #: ___________________	Date: ___________________
Received By: ___________________	Project Planner: ___________________	Related Cases: ___________________

APPELLANT:

Name: ____

Mailing Address: ____

City, State, Zip: ____

Telephone Number(s): ____

E-Mail Address: ____

REPRESENTATIVE OR ATTORNEY:

Name: ____

Mailing Address: ____

City, State, Zip: ____

Telephone Number(s): ____

E-Mail Address: ____

I hereby appeal the administrative (staff) decision described below for those reasons stated herein and as attached hereto, and seek the relief and remedies as stated. I understand that this appeal is not complete without payment of the required filing fee. I understand that this appeal will be considered pursuant to the authority and provisions of Olympia Municipal Code 18.75.020 and 18.75.040.

Filing Fee: $1,000.00 (plus Hearing Examiner Deposit of $500.00 when appealing an impact fee)

___________ I understand that an impact fee appellant **is required to pay actual Hearing Examiner costs,**
Initials
which may be higher or lower than any deposit amount. I hereby agree to pay any such costs.

DECISION APPEALED:

Case Name: ___________________________ Decision Maker: ___________________________

Case Address: ___________________________ Date of Decision: ___________________________

Case No.: ___________________________

COPY OF DECISION APPEALED IS ATTACHED: ☐ **YES** ☐ **NO**

Basis of Appeal.

1. Please describe how you are or are likely to be harmed by the decision you are appealing.

2. Please describe below, or in attachments, how and why you believe the city staff erred.

3. **Remedy or Relief Sought:** If you are successful on appeal, please describe the action you wish the Hearing Examiner to take. Explain how this action would eliminate or reduce harm to you.

Have you served notice of this appeal on any other parties? ☐ **YES** ☐ **NO**

If yes, please list:

Signed:____ ____________________

Signature ***Date***