

Appeal of Administrative Decision to Hearing Examiner

File Name:

File Number:

Please Print or Type Legibly

Appellant:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Property Owner(s), if different:			Phone:
Address:			Cell:
City:	State:	Zip:	Fax:
E-Mail:			
Site Address:		Parcel Number(s):	
Legal Description:			

An Appeal of Administrative Decision is deemed complete when it is accompanied by the required items listed below. Please be advised that additional information may be required during the review process in order to respond to or resolve particular issues. The right to appeal is granted under LMC 1.35.200 and must be filed within 14 days of the issuance of the administrative decision. Appeals are considered by the Hearing Examiner, who will issue a determination within 10 business days from the date of hearing.

REQUIRED ITEMS

- ☐ A written statement stating the specific decision being appealed and grounds for the appeal.
- ☐ Application fee(s).

I/We certify that the information provided in this application, including all submittals and attachments, is true and correct to the best of my/our knowledge.

Signature of Appellant/Agent: _____ Date: _____

Please print name: _____

FEES See LMC 3.104 or contact our office for current fee information.

- NOTES**
1. An application may be amended only in writing.
 2. In each application the burden of proof rests with the applicant, petitioner or proponent.
 3. Items with any typewritten information must be 10-point font or larger to ensure legibility of scanned documents.