

# Appeal of Hearing Examiner's Decision to City Council

**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 Hearing Examiner's Decision is deemed complete when it is accompanied by the required items identified 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 1.35.700 and must be filed within 14 days of the issuance of the hearing examiner's decision. Appeals are considered by the City Council, who may issue a determination at the time of the meeting.**

**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.