



Appeal or Request for Reconsideration

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273
voice 360-416-1320 · inspections 360-416-1330 · www.skagitcounty.net/planning

Appeal #:

Appeal *Appeals are processed per Skagit County Code chapter 14.06.*

- Type of appeal or request (check only one)
- Appeal of an Administrative Interpretation/Decision/Action to the Hearing Examiner
 - Appeal of an Administrative Order to Abate (code enforcement order) to the Hearing Examiner
 - Appeal of Impact Fees to the Hearing Examiner (impact fees must be paid) (SCC 14.30.070)
 - Appeal of Hearing Examiner Decision/Action to the Board of County Commissioners
 - Request for Reconsideration of a Hearing Examiner Decision (SCC 14.06.180)

File # of Appealed Decision or Permit _____	Appeal Fee \$ _____	<i>PDS will calculate</i>
Date of Appealed Decision or Permit _____	Publication Fee \$ _____	<i>PDS will calculate</i>

PDS staff: do not accept appeal form without full payment of fees

Appellant

Standing to appeal Permit applicant Party of Record Party subject to code enforcement order Other

Name _____

Address _____

City, State _____ Zip _____ Phone _____

Email _____ Signature _____

Attorney or Representative None

Name _____

Address _____

City, State _____ Zip _____ Phone _____

Email _____

Attachments

- For any of the **appeals** listed above, please attach a concise statement with numbered responses to the following questions.
 1. What is your interest in this decision?
 2. How are you aggrieved by the decision you are appealing?
 3. What are the specific reasons you believe the decision is wrong?
e.g. erroneous procedures, error in law, error in judgment, discovery of new evidence
 4. Describe any new evidence.
 5. List relevant sections of Skagit County Code.
 6. Describe your desired outcome or changes to the decision.
- For a request for **reconsideration** of a Hearing Examiner decision, attach a statement identifying the specific errors alleged.