



# 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](http://www.skagitcounty.net/planning)

File #:
Received by:

## Appeal

What are you appealing?

- 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)

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

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

## Appellant

<b>Standing to appeal</b>	<input type="checkbox"/> Permit applicant <input type="checkbox"/> Party of Record <input type="checkbox"/> Party subject to code enforcement order <input type="checkbox"/> Other			
<b>Name</b>				
<b>Address</b>				
<b>City, State</b>		<b>Zip</b>		<b>Phone</b>
<b>Email</b>		<b>Signature</b>		

## Attorney or Representative

None

<b>Name</b>				
<b>Address</b>				
<b>City, State</b>		<b>Zip</b>		<b>Phone</b>
<b>Email</b>				

## Attachments

- Attach a copy of the decision being appealed
- 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.