



Request for Appeal or Reconsideration

Application

Rev.20170927

Please answer each question completely. If more space is needed, attach additional paper.

Appellant:

Name: _____

Address: _____

Phone: _____ Email: _____

Respondent:

Name: _____

Address: _____

Phone: _____ Email: _____

File Number (of application or permit, if applicable): _____

This is an appeal or reconsideration of:

- | | |
|---|---|
| <input type="checkbox"/> Hearing Examiner | <input type="checkbox"/> Planning Director |
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Director of Building |
| <input type="checkbox"/> City Engineer | <input type="checkbox"/> Traffic Engineer |
| <input type="checkbox"/> City Council | <input type="checkbox"/> Homeless Encampment Decision |
| <input type="checkbox"/> Junk Vehicle Determination | <input type="checkbox"/> Other: _____ |

This is an appeal or reconsideration to the:

- | | |
|--|---|
| <input type="checkbox"/> City Council | <input type="checkbox"/> Hearing Examiner |
| <input type="checkbox"/> Planning Examiner | <input type="checkbox"/> Other: _____ |

What is the decision being appealed or request for reconsideration?

(i.e. approval or denial of a special permit or issuance of a building permit, etc.)

Why is the decision wrong?

- Error or misinterpretation of FACT Error in PROCEDURE
 Error or misinterpretation of LAW or COMPREHENSIVE PLAN

Please identify the specific factual, legal or procedural errors or misinterpretations that you believe resulted in the decision being wrong and how correcting the error would result in a different decision. If you believe a misinterpretation of the law or Comprehensive Plan or procedural error was made, please identify the specific laws, code sections or plan policies that you believe were misapplied, misinterpreted, or violated:

What is the harm to you resulting from the decision?

What relief do you seek? What would you have the decision maker do?

SUBMITTED BY:

ACKNOWLEDGEMENT

I certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be his/her own free and voluntary act for the uses and purposes mentioned in this instrument.

DATE: _____

Notary Public in and for the City of Spokane,
State of Washington
My commission expires: _____

For Staff Use Only

Date appeal filed:
Was appeal timely filed?
Appeal fee?
Transcript fee?

Date appeal period ends:
Is appellant a party of record?
Fee paid?
Fee paid?