

City of Spokane Request for Appeal or Reconsideration

Application

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

1.	APPELLANT: Name:	
	Address:	
	Phone: (home)	(work)
	Email:	
2.	RESPONDENT: Name:	
	Address:	
	Phone: (home)	(work)
	Email:	
3.	FILE NUMBER (of application of	r permit, if applicable):
4.	This is an appeal or reconsideration of: Hearing Examiner Planning Director Planning Commission Director of Building City Engineer Traffic Engineer City Council Homeless Encampment De Junk Vehicle Determination Other	This is an appeal or reconsideration to the: City Council Hearing Examiner Planning Commission Other

5. 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.)

6.	Why is the decision wrong? Error or misinterpretation of FACT Error or misinterpretation of LAW OR COMPREHENSIVE PLAN	
	Error in PROCEDURE	
7.	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.	
8.	. What is the harm resulting to you from the decision?	
9.	What relief do you seek? What would you have the decision maker do?	
SUI	BMITTED BY:	
and	ACKNOWLEDGEMENT rtify that I know or have satisfactory evidence that signed this instrument acknowledged it to be his/her own free and voluntary act for the uses and purposes mentioned in this rument.	
Date	e:	
Stat	ary Public in and for the City of Spokane, e of Washington. commission expires:	
For	Staff Use Only:	
	e appeal filed:	

Was appeal timely filed?
Appeal fee?
Transcript fee?

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