



CITY OF PORT ORCHARD
 Department of Community Development
 Office Located at 720 Prospect Street
 Mailing Address: 216 Prospect Street, Port Orchard, WA 98366
 Phone (360) 874-5533 · planning@cityofportorchard.us

APPEAL OF AN ADMINISTRATIVE TYPE II DECISION

FEES	
Appeal Fee (due with submittal):	\$450

DCD STAFF USE ONLY	
Receipt #:	_____
File #:	_____

CONTACT INFORMATION.

Appellant's Name: _____
 Mailing Address: _____
 Phone: _____ FAX: _____
 Email: _____

Designated Representative's Name (if other than appellant): _____
 Mailing Address: _____
 Phone: _____ Email: _____

PROJECT INFORMATION.

Project Name / Description: _____
 Site Address or Tax Parcel Number: _____
 File or Permit Number: _____

APPEAL STATEMENT. (POMC 20.22.040(8)(a-d))

- Attach a written statement addressing the following three items:
1. Provide a brief statement regarding how the appellant is significantly affected by or interested in the matter appealed.
 2. Provide a specific clear and comprehensible statement of the appellant's issues on appeal, noting the appellant's specific exceptions and objections to the decision or action being appealed.
 3. Describe the specific relief requested, such as reversal or modification.

 Signature of Appellant _____
 Date

**Submit completed form, statement and fee to
 The City Clerk's Office, 216 Prospect Street, Port Orchard, WA 98366**