

APPEAL OF TYPE 2 LAND-USE DECISION TO HEARING EXAMINER

ABOUT THE APPEAL OF A TYPE 2 LAND-USE DECISION TO THE HEARING EXAMINER

This form is for submitting an appeal to the Hearing Examiner of a Type 2 land-use decision by the Director of Community Development.

Appeals must be filed within 21 calendar days of the decision's issuance date with the City department that issued the original decision. The City department will provide a copy of the appeal to the Hearing Examiner.

Pursuant to Sammamish Development Code [21.09.020\(H\)](#), department staff will be available to respond to queries concerning the facts and process of the City decision within a reasonable amount of time.

The scope of the appeal shall be based principally on matters or issues described in this appeal request form. Appellants may add additional pages to this form as needed.

APPLICATION REVIEW PROCESS

Appeals may not be accepted if the information provided on this form is insufficient.

The Hearing Examiner may deny appeals if it is determined that an appellant has an inadequate basis for their appeal.

FEES

Applicants are responsible for providing an initial deposit (as well as additional deposits as needed) to cover all application review costs.

FEES APPLICABLE TO THIS PROJECT
Appeal Fee
See current fee schedule

Form Submittal

Once completed, mail or drop off this form in person to City Hall at the address provided below.

Code Reference

Hearing Examiner
Appeal to Examiner - Filing
[SDC 21.09.020\(H\)](#)

Questions

Email the [Hearing Examiner Clerk](#)

City of Sammamish
801 228th Ave SE
Sammamish, WA 98075
www.sammamish.us

APPEAL OF TYPE 2 LAND USE DECISION TO HEARING EXAMINER



APPELLANT INFORMATION

Name: _____

Phone: _____ Email: _____

Property Address: _____

Property Parcel Number: _____

APPEALED DECISION INFORMATION

Decision Name: _____

Decision File #: _____

Decision Date: _____

OTHER REQUIRED INFORMATION

What action or decision is being taken on the project?

What is the decision that is being appealed?

Has the appellant consulted with the staff member responsible for the project?

Yes No

If yes, please describe:

Has the appellant reviewed the project record on file with the City to obtain a comprehensive understanding of the project?

Yes No

Is the appellant interested in mediation (SDC 21.09.040)?

Yes No

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APPEAL QUESTIONS (SDC 21.09.020(H))

Identify the alleged errors in the decision identified above:

State the specific reasons why the decision should be reversed or modified:

Describe the harm suffered or anticipated by the appellant as a result of the decision:

Describe the relief sought from the decision:

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CERTIFICATIONS & SIGNATURES

I have read this application in its entirety and certify that all information submitted, including any supplemental information, is true and complete to the best of my knowledge.

Appellant Signature: _____ Date: _____

Appellant Signature _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date stamp: _____

Fee paid by: Cash Check