



LAND USE DECISION APPEAL

Planning and Economic Development Department
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For complete information on decision appeal procedures, refer to Chapter 19.70 of the Poulsbo Municipal Code (PMC). Please note this application form is for Type I and II permit appeal decisions, Type III hearing examiner decisions, and SEPA threshold determinations. An appeal, along with any required filing fee, shall be delivered by email, mail, or personal delivery before 4:30 p.m. on the last day of the appeal period or it cannot be considered.

TYPE OF APPEAL:

Type I decision
 Type II decision
 Type III hearing examiner decision
 SEPA decision

PROJECT INFORMATION:

Project Name:	
Planning File No.	Decision Date:
Property Owner(s):	
Address:	Parcel No.

APPELLANT/APPLICANT:

If several individuals are appealing together, list the additional names and addresses on a separate sheet and identify a representative below. If an organization is appealing, indicate group's name and mailing address here and identify a representative below.

Name:	
Address:	
Email:	Phone:

What is your relationship to this project?
 Party of Record
 Project Applicant
 Government Agency
 Other:

Describe your standing to appeal and reference all application PMC citations:

REPRESENTATIVE:

Name of representative if different from the appellant indicated above. Groups and organizations must designate one person as their representative/contact person.

Name:	
Address:	
Email:	Phone:

SUBMITTAL REQUIREMENTS:

- Filing Fee: \$165 + Hearing Examiner Costs (*if applicable*)
- One electronic version of all submitted materials in PDF format (CD, thumb drive, or via e-mail).
- Copy of Decision Being Appealed
- Letter of Appeal (see below)

BASIS FOR APPEAL:

Answer each question as completely and specifically as you can. Attach separate sheets if needed and refer to questions by number.

1. State the facts demonstrating how you are adversely affected by the decision:

2. Provide a concise statement identifying each alleged error of fact, law, or procedure, and how the decision has failed to meet the applicable decision criteria:

3. State the specific relief requested:

4. Provide any other information reasonably necessary to make a decision on the appeal:

Do not use this form if you are appealing a decision on:

- Shoreline permit (must be appealed to the [Shorelines Hearings Board](#))
- City Council's decision on Type I, II, and III appeals (must be appealed to [Kitsap Superior Court](#))
- City Council's decision on Type IV (must be appealed to the [Growth Management Hearings Board](#))

APPLICANT SIGNATURE:

I, the undersigned, state that, to the best of my knowledge, all the information provided for this application is true and complete. It is understood that the City of Poulsbo may nullify any decision made in reliance upon information given on this application form should there be any willful misrepresentation or willful lack of full disclosure on my part.

Signature of Applicant

Print Name of Applicant

STATE OF WASHINGTON)) SS
COUNTY OF KITSAP)

On this _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared _____ to me known to be the individual(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as his/her/their free and voluntary act and deed, for the uses and purposes therein mentioned, and on oath stated that he/she/they was (were) authorized to execute said instrument.

WITNESS my hand and official seal this _____ day of _____, 20_____.

NOTARY PUBLIC in and for the
State of Washington Residing at

Commission Expires _____