



# REQUEST FOR RECONSIDERATION

Planning and Economic Development Department  
200 NE Moe Street | Poulsbo, Washington 98370  
(360) 394-9748 | fax (360) 697-8269  
www.cityofpoulsbo.com | plan&econ@cityofpoulsbo.com

Per Poulsbo Municipal Code (PMC) Chapter [19.70](#), any designated party who participated in the hearing may file a written request with the hearing examiner for reconsideration within 14 calendar days of the date of the hearing examiner's decision. The request shall *explicitly* set forth alleged errors of procedure or fact.

Requests for consideration shall be delivered to the Planning and Economic Development Department by email, mail, or personal delivery before 4:30 p.m. on the last day of the reconsideration period. ***There is no fee for a Request for Reconsideration.***

- Mailing Address: Planning and Economic Development | 200 NE Moe Street | Poulsbo, WA 98370
- Email: plan&econ@cityofpoulsbo.com
- Personal Delivery: Poulsbo City Hall | 2<sup>nd</sup> Floor | NE Moe Street | Free parking under building

PROJECT INFORMATION:	
Name of Project:	
Planning File No.	Decision Date:
Property Owner(s):	
Address:	Parcel No.
REQUESTOR INFORMATION:	
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:
BASIS FOR REQUEST FOR RECONSIDERATION:	
Please fill out items 1-4 below. Reference all applicable PMC citations and attach additional sheets if necessary.	
1. Please indicate where this request for reconsideration addresses an error in: <input type="checkbox"/> Procedure; <input type="checkbox"/> Law; and/or <input type="checkbox"/> Fact	

2. Provide a concise statement identifying each alleged error; identify the specific factual, legal, or procedural error or misinterpretations; and/or identify the specific laws, code sections or plan policies that have been misapplied, misinterpreted or violated.

3. State the facts demonstrating how you are adversely affected by the decision/recommendation:

4. State the specific relief requested:

**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 \_\_\_\_\_