



# LAND USE DECISION APPEAL

**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

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? <input type="checkbox"/> Party of Record <input type="checkbox"/> Project Applicant <input type="checkbox"/> Government Agency <input type="checkbox"/> 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:

The PED Department is now accepting all applications electronically. Please submit your application online [here](#) or email the materials to [plan&econ@cityofpoulsbo.com](mailto:plan&econ@cityofpoulsbo.com).

- [Application Fees and Deposits](#)
- 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](#))





**PROPERTY OWNER'S SIGNATURE (if other than applicant/agent):**

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 Property Owner

\_\_\_\_\_  
Print Name of Owner

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 \_\_\_\_\_