

**PUBLIC HEALTH AND
SOCIAL SERVICES DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
2000 Lakeridge Drive SW
Olympia, WA 98502-6045
(360) 867-2644 TDD (360) 867-2603**



REQUEST FOR APPEAL

DATE: _____

This Application is a request for appeal before the Administrative Hearings Officer. A complete application and fees must be filed within 15 days of the date of the notice or decision to be valid. A copy of the decision, notice, order, or determination being appealed must be attached and submitted with this form.

_____ An Environmental Health Decision; \$775.00
_____ A Notice of Violation; Notice Date: _____; \$775.00

Appellant Information:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Permit Application Information: (If different Than Appellant)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Property Owner Information: (If different Than Appellant)

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Project Information:

Permit Type: _____ Project # _____

Property Tax Parcel Number: _____

Property Legal Description: _____

Property Address: _____ City: _____ State: _____ Zip Code: _____

(An attached legal description is acceptable **OR** refer to existing submissions if already part of the permit application.)

---- Continued On the Reverse Side ----

State how the appellant is aggrieved and has standing to request a hearing:

Explain the nature of the dispute or reason for the hearing request:

State what relief or remedy is requested:

Additional information such as maps, drawings or documents for review may be attached. The documents must be smaller than 11 inches x 17 inches.

Appellant's Signature: _____ **Date:** _____

Receipt Date: _____ Fee Paid: _____ Receipt Number: _____ By: _____