

**PUBLIC HEALTH AND  
SOCIAL SERVICES DEPARTMENT  
ENVIRONMENTAL HEALTH DIVISION  
2000 Lakeridge Drive SW  
Olympia, WA 98502-6045  
(360) 867-2644 TDD 711 or 1-800-833-6388**



## **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. All documents shall be filed with the Hearing Clerk, please contact the clerk at 360-867-2644.

\_\_\_\_\_ An Environmental Health Decision; \$1,075.00

\_\_\_\_\_ A Notice of Violation; Notice Date: \_\_\_\_\_; \$1,075.00

### **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: \_\_\_\_\_