



CITY OF PORT ORCHARD City Clerk

216 Prospect Street, Port Orchard, WA 98366
Voice: (360) 876-4407 • Fax: (360) 895-9029
pkirkpatrick@cityofportorchard.us
www.cityofportorchard.us

Date Received: _____ By: _____ Receipt No.: _____ Appeal No.: _____

APPEAL OF AN ADMINISTRATIVE DECISION

(Pursuant to POMC 16.06.072 and 2.76.140, this must be filed with the City Clerk along with payment of fee)

FEES:

Hearing Examiner administrative fee: \$700 (Res. No. 019-08)

The appellant shall pay the Hearing Examiner’s actual costs unless the Hearing Examiner reverses the administrative decision (Res. No. 019-08)

This submittal must include an authorized letter, signed by the property owner, which states the name and contact information for an authorized agent, if there is one.

Print clearly (use ink) or type:

Appellant’s Name: _____

Appellant’s Address: _____

Phone No.: _____ E-mail: _____

Project Description: _____

Address of Project: _____

Assessor’s Tax Account Number: _____

File or Building Permit No.: _____

Property Owner’s Name: _____

Property Owner’s Address: _____

Reason for Appeal (additional pages may be submitted):

Signature of Appellant, Property Owner, or Agent

Date