



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 A HEARING EXAMINER DECISION

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

FEES:

- Fee: \$100.
- The appellant shall pay the costs of the Certified Transcription of the electronic recording of the Hearing (POMC 2.76.140(4)). Appellant will be notified of the amount of the deposit required for transcription services. Transcriptions will not be prepared until the deposit is paid in full.

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.: _____ Fax No.: _____

E-mail: _____

Project Description: _____

Address of Project: _____

Assessor's Tax Account Number: _____

File or Permit No.: _____

Property Owner's Name: _____

Property Owner's Address: _____

Facts Demonstrating Standing to Appeal (additional pages may be submitted): _____

Scope of Appeal (POMC 2.76.140(3)(b)) (additional pages may be submitted): _____

Contact Person for Appeal: _____ Phone: _____

Address: _____ Email: _____

Signature of Appellant, Property Owner, or Agent

Date