

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

_____ An Environmental Health Decision; \$865.00
_____ A Notice of Violation; Notice Date: _____; \$865.00

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: _____