



SEPA Appeal Form

Appeal of:

- Determination of Significance
- Determination of Non-Significance
- Mitigated Determination of Non-Significance

Appellant:

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____
Property Interest of Appellant _____

Property Owner:

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____

Date Determination Became Final: _____

Associated SEPA file: SEP - _____

Assessors Parcel
Number(s): _____

A Statement is Attached to this Application Containing:

- Why I believe the determination or interpretation is not correct, **and**
- What I believe to be the correct determination or interpretation, **and**
- How the decision adversely affects me or my property

I/ We certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my/our knowledge and belief.

Signature of Appellant

Date

Signature of Attorney/ Agent

Date

Subscribed and sworn to before me this _____ of _____, 20_____.

Print Name _____

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: _____/_____/_____

FOR COUNTY USE ONLY:

Appeal Number: APL _____

Appeal Fee: \$ _____

Receipt Number: _____

Date Received: _____