



**CITY of EVERETT  
PLANNING and COMMUNITY DEVELOPMENT**

**SEPA APPEAL APPLICATION (Updated 2014)**

**I. SEPA Appeal Application Contents**

1. Review Process Flow Chart
2. SEPA Appeal Submittal Checklist
3. SEPA Appeal Form

**II. SEPA Appeal Fee:** \$1,500

**III. Submit Application to:**

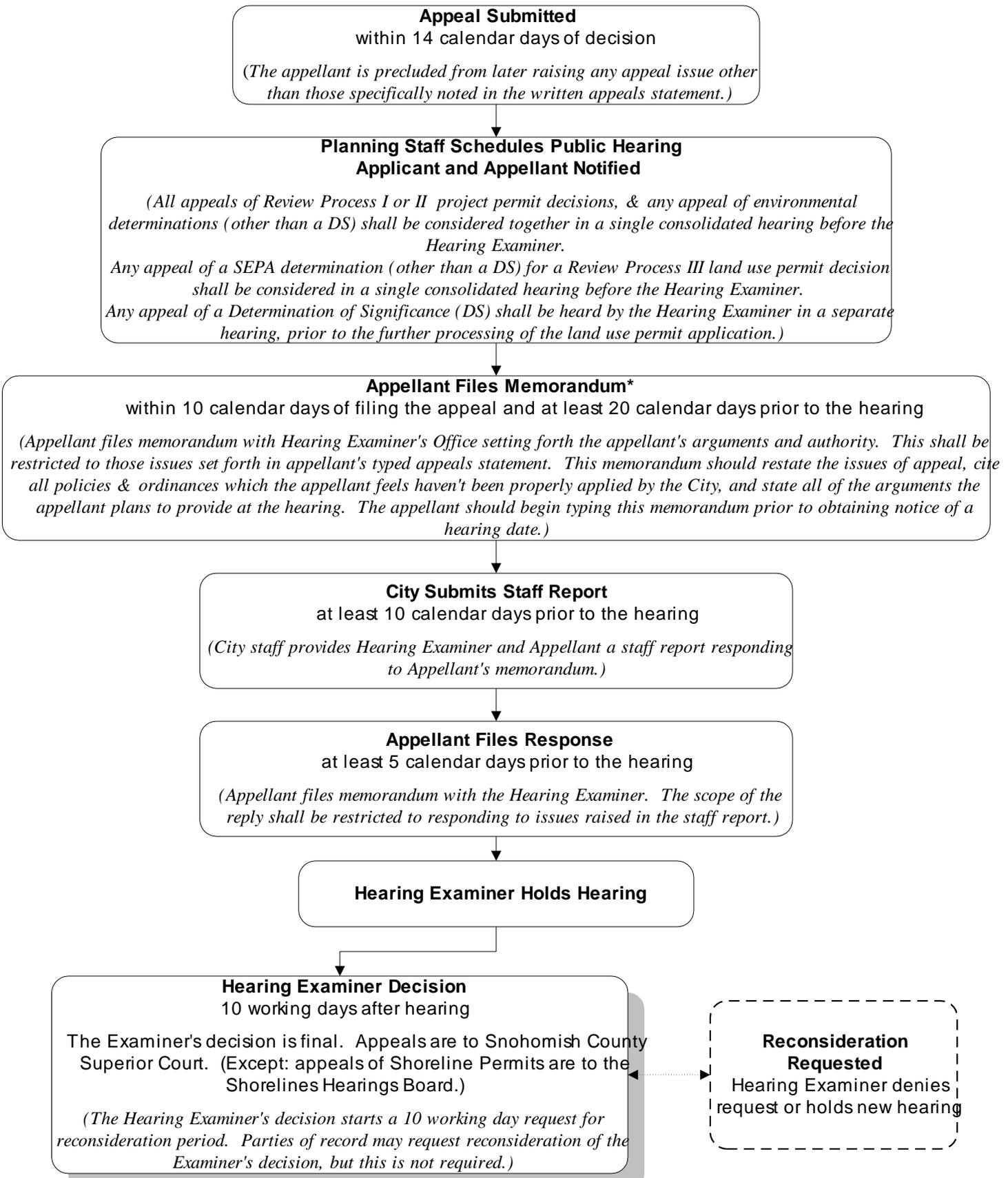
City of Everett Permit Counter  
3200 Cedar Street, 2nd Floor  
Everett, WA 98201

Phone: (425) 257-8731  
Fax: (425) 257-8742

Note: This appeals packet does not contain the complete text of the appeals procedure and all applicable requirements. It is the appellant's responsibility to review the ordinance(s) and comply with all pertinent ordinance requirements.

# SEPA and Land Use Permit Appeal Process Flow Chart

## Hearing Examiner Review



\*Note: If the Hearing Examiner schedules a pre-hearing conference within 10 days of the filing of the appeal, the Hearing Examiner may establish a different schedule in the Order for the appeal hearing.

# ***SEPA APPEAL SUBMITTAL CHECKLIST***

Please use the following checklist to ensure that your appeal is complete:

- Filing Fee** Non-refundable and payable upon application  
Application Fee: \$1,500
  
- SEPA Appeal Form** Must be filled out completely and signed by the appellant.
  
- Copy of Decision Being Appealed\*** Submit one copy. Available from the Planning Department.  
  
\*If the decision being appealed is issuance of a FEIS, submittal of a copy of the FEIS is not required.
  
- Letter of Appeal** Submit one signed copy. Prepare a typed letter addressing the basis for the appeal. The letter shall explain why the appellant is aggrieved and state clearly and concisely the specific issues for the appeal.



## SEPA APPEAL FORM

- Appeal of DNS
- Appeal of MDNS
- Appeal of DS
- Appeal of Decision Document
- Appeal of FEIS
- Other \_\_\_\_\_

FILE # \_\_\_\_\_

FEE \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_

\_\_\_\_\_

### CONTACT INFORMATION

Name of Appellant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

*If applicable, list all additional Appellants below:*

Name of Appellant #2 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Appellant #3 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Appellant #4 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Appellant #5 \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### DECISION BEING APPEALED

Project Number \_\_\_\_\_ Project Name \_\_\_\_\_

Property Address or Location \_\_\_\_\_

**Signature of Appellant** \_\_\_\_\_ **Date** \_\_\_\_\_

*If applicable:*

Signature of Appellant #2 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Appellant #3 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Appellant #4 \_\_\_\_\_ Date \_\_\_\_\_

Signature of Appellant #5 \_\_\_\_\_ Date \_\_\_\_\_

*Please Note: Policy requires that the appellant or the appellant's representative be present at the public hearing. The burden of proof for all appeals provided for by the City of Everett Zoning Code shall be upon the Appellant. All appeals must be filed on forms provided by the planning department and will not be considered valid unless the appeal form is filled out clearly, completely, and legibly and is accompanied by the applicable fee. This form shall not be altered in any way.*