



# Lewis County

## Community Development

125 NW Chehalis Ave, Chehalis, WA 98532  
Phone: (360) 740-1146 • [www.lewiscountywa.gov](http://www.lewiscountywa.gov)

### APPEAL OF TYPE I OR II ADMINISTRATIVE DECISION

After an administrative decision is made by Lewis County, the public has the right to appeal based on the Lewis County Code. The appeal information is listed on the written administrative decision made.

After submitting the petition to appeal, the request will be forwarded to the Lewis County Hearing Examiner. Unless the petition is dismissed, the Hearing Examiner will hold a hearing in accordance with Lewis County Code 2.25.

The following items are required to be submitted for the Appeal of Administrative Decision application to begin the process:

STAFF            APPLICANT

'Appeal of Administrative Decision' form

Copy of written decision being appealed

#### Application Fees

Appeal fee:	\$450.00
Legal publication fee:	\$250.00
Hearing Examiner fee:	\$750.00

Other: \_\_\_\_\_

#### For Official Use Only:

Date of Received: \_\_\_\_\_ Application Number: \_\_\_\_\_

Associated Permits: \_\_\_\_\_ Permit Technician: \_\_\_\_\_

Date forwarded to Hearing Examiner: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Copy sent to Appeals Coordinator: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Original sent to \_\_\_\_\_

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## APPEAL OF TYPE I OR II ADMINISTRATIVE DECISION

### Decision Information

Name of Applicant/Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_ Application Number (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Appeal Information

Specific identification of decision being appealed:

SEPA Determination

*(Appeal authorized per LCC 17.110.130)*

Type I Administrative Decision as identified in LCC 17.05.040(2) Table 17.05-2

*(Appeal authorized per LCC 17.05.040(2) Table 17.05-1)*

Type II Administrative Decision as identified in LCC 17.05.040(2) Table 17.05-2

*(Appeal authorized per LCC 17.05.040(2) Table 17.05-1)*

Specific grounds for petition, concise statement of the factual reason for the appeal, and identification of the policies, statutes, codes or regulations that the petitioner claims are violated *(attach additional sheets if necessary)*:

### Petitioner Information *(attach additional sheets if necessary)*

Name and address of Petitioner

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Petitioner (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Signature of Attorney