



KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

614 DIVISION STREET MS-36, PORT ORCHARD WA 98366-4682
(360) 337-7181 FAX (360) 337-4925 www.kitsapgov.com/dcd/

APPEAL OF HEARING EXAMINER DECISION

Fee: See attached/linked Fee Schedule

Project Name: _____

Project Applicant: _____

Application: _____

Case Number: _____

Project Tax Parcel #: _____

Please include the name and signature of each appellant, as well as all appeal information required in KCC 21.04.120.

Appellant(s)

Name: _____

Mailing Address: _____

_____ City State Zip

Daytime Phone No.: _____

Statement: _____

Signature: _____

Name: _____

Mailing Address: _____

_____ City State Zip

Daytime Phone No.: _____

Statement: _____

Signature: _____

FOR OFFICIAL USE ONLY
Received by: _____ Dept. of Community Development
Receipt #: _____
Received by: _____ Board of County Commissioners
Date: _____

Appellant(s)

Name: _____

Mailing Address: _____

_____ City State Zip

Daytime Phone No.: _____

Statement: _____

Signature: _____

Name: _____

Mailing Address: _____

_____ City State Zip

Daytime Phone No.: _____

Statement: _____

Signature: _____

If multiple parties are filing a single appeal, you must designate one party as the contact representative for all contact with the Department of Community Development Director. Kitsap County Code Title 21 Chap 04 Section 120.C.2.

Designated Contact Representative

Name: _____

Mailing Address: _____

_____ City State Zip

Daytime Phone No.: _____

