



KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

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

APPEAL OF SEPA DETERMINATION

Fee: See attached/linked Fee Schedule

Project Name: _____

Project Applicant: _____

Application: _____

Case Number: _____

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

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: _____

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. KCC Section 120.B.

Designated Contact Representative

Name: _____

Mailing Address: _____

City State Zip

Daytime Phone No.: _____

