



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
 (360) 754-4180
 Email: cdd@ci.tumwater.wa.us

APPEAL OF SEPA DETERMINATION
Application

| | |
|---------|------------|
| TUM - | DATE STAMP |
| | |
| RCVD BY | |

Application fee: \$2,000.00

PROPERTY

PROPERTY ADDRESS (COMPLETE): _____

PARCEL NUMBER(S): _____

APPELLANT *(please print neatly)*

NAME OF APPELLANT: _____

APPELLANT'S MAILING ADDRESS (COMPLETE): _____

APPELLANT'S TELEPHONE(S): _____

APPELLANT'S E-MAIL: _____

REPRESENTATIVE

NAME OF REPRESENTATIVE: _____

REPRESENTATIVE'S MAILING ADDRESS (COMPLETE): _____

REPRESENTATIVE'S TELEPHONE(S): _____

REPRESENTATIVE'S E-MAIL: _____

PROPERTY OWNER

NAME OF PROPERTY OWNER: _____

OWNER'S MAILING ADDRESS (COMPLETE): _____

OWNER'S TELEPHONE(S): _____

OWNER'S E-MAIL: _____

APPEAL DESCRIPTION *(attach additional sheets and documentation, as needed)*

STATEMENT INDICATING THE BASIS OF THE APPEAL, THE ALLEGED ERROR(S) OF THE DECISION, AND THE RELIEF REQUESTED BY THE APPEAL

I agree to pay all fees of the City that apply to this application.

 Signature of Appellant/Representative

 Date

Please attach the **Appeal of SEPA Determination submittal checklist** to this Application.