



CITY OF TUMWATER
 555 ISRAEL RD. SW, TUMWATER, WA 98501
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**APPEAL – ADMINISTRATIVE DECISION
 Submittal Checklist**

TUM -	DATE STAMP

RCVD BY	

APPELLANT INFORMATION *(please print neatly)*

NAME OF APPELLANT: _____

SUBJECT PROPERTY INFORMATION

ADDRESS OF PROPERTY (COMPLETE): _____

Any decision of the Community Development Department staff may be appealed within 14 calendar days of the written decision. An application for the Appeal of an Administrative Decision is considered by the Hearing Examiner, but must be submitted to the Community Development Department, and shall consist of all items on this checklist unless waived by Staff.

A. APPLICATION	Provided	Staff
1. Provide a complete and signed (by appellant and, if applicable, the authorized representative) application and applicable fee.	<input type="checkbox"/>	<input type="checkbox"/>
2. Description of the decision being appealed.	<input type="checkbox"/>	<input type="checkbox"/>
3. Statement indicating the basis for the Appeal, the alleged error(s) of the decision, and the relief requested by the Appeal.	<input type="checkbox"/>	<input type="checkbox"/>

I verify that all required documents associated with this application have been submitted.

 Signature of Appellant

 Date