

# Appeal Application



CITY OF  
**ISSAQUAH**  
WASHINGTON  
Development Services Department  
1775 12<sup>th</sup> Ave. NW | P.O. Box 1307  
Issaquah, WA 98027  
425-837-3100 | [DSD@issaquahwa.gov](mailto:DSD@issaquahwa.gov)

## 1 Project Information

Project Name:	
Project Address:	
Permit Number: (If Applicable)	
Appeal File Number: (To be completed by City)	
Appellant Contact: Name: Mailing Address: Email Address: Phone Number:	
Appellant Representative Contact: Name: Mailing Address: Email Address: Phone Number:	
Description/Subject of Appeal:	

## 2 Submittal Requirements

	Yes	No
1. Appeal Application		
2. Processing Fee in accordance with City's Fee Schedule		
3. Written Narrative describing the appeal		
4. Additional information, plans, reports, etc. that may be provided by the appellant		

**Note:** Please submit two (2) hard copies and one electronic copy of all documents. Electronic copies may be requested for all additional submissions.

### 3 Applicable Codes, Regulations and Procedures

Appeals are reviewed as outlined in Issaquah Municipal Code [IMC 18.04](#) Procedures and [IMC 1.32](#) Appeals. These codes contain pertinent information including examples of decisions types that may be appealed, appeal time periods, appeal decision maker, appeal procedures, etc.

Please also review [The Rules and Procedure for Proceedings before the City’s Hearing Examiner](#).

### 4 Submit this Checklist to the City of Issaquah

Permit Center  
1775 12<sup>th</sup> Ave NW  
Issaquah, WA 98027

Appellant Signature:	Date:
Appellant Name (Please Print):	