



# *City of Spokane*

## *Request for Appeal or Reconsideration*

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### Application

Please answer each question completely. If more space is needed, attach additional paper.

1. APPELLANT:

Name:

Address:

Phone: (home)

(work)

Email:

2. RESPONDENT:

Name:

Address:

Phone: (home)

(work)

3. FILE NUMBER (of application or permit, if applicable):

4. This is an appeal or reconsideration of: This is an appeal or reconsideration to the:

\_\_\_\_\_ Hearing Examiner

\_\_\_\_\_ City Council

\_\_\_\_\_ Planning Director

\_\_\_\_\_ Hearing Examiner

\_\_\_\_\_ Planning Commission

\_\_\_\_\_ Planning Commission

\_\_\_\_\_ Director of Building

Other \_\_\_\_\_

\_\_\_\_\_ City Engineer

\_\_\_\_\_ Traffic Engineer

\_\_\_\_\_ City Council

\_\_\_\_\_ Homeless Encampment Decision

\_\_\_\_\_ Junk Vehicle Determination

\_\_\_\_\_ Other \_\_\_\_\_

5. What is the decision being appealed or request for reconsideration? (i.e. approval or denial of a special permit or issuance of a building permit, etc.)

6. Why is the decision wrong?  
 Error or misinterpretation of FACT  
 Error or misinterpretation of LAW OR COMPREHENSIVE PLAN  
 Error in PROCEDURE
  
7. Please identify the specific factual, legal or procedural errors or misinterpretations that you believe resulted in the decision being wrong and how correcting the error would result in a different decision. If you believe a misinterpretation of the law or Comprehensive Plan or procedural error was made, please identify the specific laws, code sections or plan policies that you believe were misapplied, misinterpreted or violated.
  
8. What is the harm resulting to you from the decision?
  
9. What relief do you seek? What would you have the decision maker do?

**SUBMITTED BY:**

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**ACKNOWLEDGEMENT**

I certify that I know or have satisfactory evidence that \_\_\_\_\_ signed this instrument and acknowledged it to be his/her own free and voluntary act for the uses and purposes mentioned in this instrument.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public in and for the City of Spokane,  
 State of Washington.  
 My commission expires: \_\_\_\_\_

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**For Staff Use Only:**

Date appeal filed:  
 Was appeal timely filed?  
 Appeal fee?  
 Transcript fee?

Date appeal period ends:  
 Is appellant a party of record?  
 Fee paid?  
 Fee paid?