

Date Received: _____

Time Received: _____

Appeal of Administrative Decision

Name: _____

Address: _____

Decision being appealed: _____

Identify the specific alleged legal and factual basis for the appeal request. State how the decision affects you (your interest in the decision), and identify whether the perceived error is factual or legal in nature. If you believe the decision is legally erroneous, include all citations to Applicable plans, codes, and regulations (use additional paper if necessary):

Desired outcome of changes to the decision: _____

This form shall be filed in accordance with the procedures and time frames set forth in PTMC Chapter 20.01.

Signature _____

Date _____

Please attach additional pages and documents if needed

FEES: Type I, I-A, II, SEPA, Notice and Order/Abatement	<input type="checkbox"/> Appeal for Administrative Decision. Not to exceed four hours of staff time. <i>(Appeal to Hearings Examiner may also apply)</i>	\$401.68
	<input type="checkbox"/> Appeal to Hearings Examiner Deposit. The deposit is applied to your invoice for actual charges. <i>(Appeal fee for Administrative Decision also applies)</i>	\$500.00
	TOTAL DUE UPON APPEAL APPLICATION SUBMITTAL	\$901.68
	<input type="checkbox"/> Additional Staff Time <i>(upon exceeding four hours), \$96.00 per hour</i>	\$
	<input type="checkbox"/> Appeal to Hearings Examiner Actual Cost	\$
	Less Appeal to Hearings Examiner Deposit of \$500.00	
	TOTAL	