



Appeal to the Hearing Examiner of
Administrative Official's Decision

Appellant

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____

Property Interest of Appellant: _____

Property Owner

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____

Property Interest of Owner _____

Property Tax Parcel Number _____

Case File No. _____ Date of Decision Being Appealed _____

Decision Relates To:

- Zoning Ordinance Section: _____
- Subdivision Ordinance Section: _____
- Critical Areas Ordinance Section: _____
- Shoreline Program Section: _____
- Interpretation of: _____

Attach a Statement To This Application Containing:

1. Why I believe the determination or interpretation is not correct, and
2. What I believe to be the correct determination or interpretation, and
3. How the decision adversely affects me or my property

Include the Application Filing Fee:

NOTE: Fees will be assessed in accordance with the Whatcom County Unified Fee Schedule (UFS) in effect at the time of application submittal. Please contact Planning and Development Services to determine project specific fees. Click [here](#) to see the current UFS.

Per UFS 2843 all permits and applications are subject to a Technology fee. The fee is calculated on the permit/application fees due.

I certify that all of the above statements and the statements contained in attachments are true to the best of my knowledge and belief.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Signature: _____

Printed Name: _____

Residing at: _____

My appointment expires: ____/____/____

For Official Use Only:

Appeal Case #: _____ Date Filed: _____

Receipt Number: _____

When the appellant is other than owner of the property in question, the OWNER was notified by a staff person of the appeal on the following date: ____ / ____ / ____