



# KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT

614 DIVISION STREET MS-36, PORT ORCHARD WASHINGTON 98366-4682  
(360) 337-7181 FAX (360) 337-4925 HOME PAGE - [www.kitsapgov.com/dcd/](http://www.kitsapgov.com/dcd/)

## APPEAL OF ADMINISTRATIVE DECISION

**FEE: See attached/linked Fee Schedule. Make check payable to Kitsap County Dept of Community Development (DCD).**

Project Name: \_\_\_\_\_

Project Applicant: \_\_\_\_\_

Application: \_\_\_\_\_

File Number: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

The name and signature of each appellant, and a statement showing that each appellant is entitled to file this appeal, is required.  
Title 21.04.120 Kitsap County Code.

Received by: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Specific Determination or Decision being appealed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Appellant(s)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Daytime Phone No.: \_\_\_\_\_

Statement: \_\_\_\_\_

Signature: \_\_\_\_\_

Appellant(s)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Daytime Phone No.: \_\_\_\_\_

Statement: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Daytime Phone No.: \_\_\_\_\_

Statement: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Daytime Phone No.: \_\_\_\_\_

Statement: \_\_\_\_\_

Signature: \_\_\_\_\_



