



**KITSAP COUNTY DEPARTMENT OF COMMUNITY DEVELOPMENT**

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

**APPEAL OF SEPA DETERMINATION**

**Fee:** See attached/linked Fee Schedule

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

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

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

Case Number: \_\_\_\_\_

Please include the name and signature of each appellant, as well as all appeal information required in KCC 21.04.120.

<b>FOR OFFICIAL USE ONLY</b>
<p>Received by: _____ Dept. of Community Development</p> <p>Receipt #: _____</p> <p>Received by: _____ Board of County Commissioners</p> <p>Date: _____</p>

**Appellant(s)**

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

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

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

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

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

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

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: \_\_\_\_\_

If multiple parties are filing a single appeal, you must designate one party as the contact representative for all contact with the Department of Community Development Director. KCC Section 120.B.

**Designated Contact Representative**

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

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

\_\_\_\_\_

City State Zip

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

