



City of Edgewood  
 2224 104th Avenue East  
 Edgewood, WA 98372-1513  
 (253) 952-3299 Fax (253) 952-3537

Tracking #: _____
FEE PAID: _____

## APPEAL APPLICATION

### Before the Appeal Authority of the City of Edgewood

Application must be complete and all supporting documents attached prior to acceptance.  
 Mail/facsimile applications not accepted.

Appeal of (Names of all appellants):		
Appellant Address:		Phone:
A statement identifying the decision being appealed.		
Proposed Project Address:	City, State & Zip	Project Number:
A statement of the alleged errors in the decision, including identification of specific factual findings and conclusions.		

<b>I HEREBY CERTIFY THAT I/WE HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE UNDER PENALTY OF PERJURY BY THE LAWS OF THE STATE OF WASHINGTON.</b>	
Signature: _____	Date: _____
Print Name: _____	Phone: (    ) _____

<b>STAFF USE ONLY:</b>	
Accepted by: _____	Date Application Accepted: _____