



CITY OF RIDGEFIELD

City Hall
230 Pioneer Street
Ridgefield, WA 98642
Tel: (360) 887-3557
Fax: (360) 887-0861
www.ci.ridgefield.wa.us

OFFICE USE ONLY

FILE #: _____

FILE NAME: _____

RECEIVED BY: _____

FEE PAID: _____ CHECK/CASH: _____

DATE SUBMITTED: _____

LAND USE DECISION APPEAL

PLEASE SELECT THE SPECIFIC TYPE OF APPEAL FROM THE FOLLOWING LIST:

APPEAL OF A TYPE 1 DECISION

APPEAL OF A TYPE 3 DECISION

APPEAL OF A TYPE 2 DECISION

OTHER

APPELLANT NAME(S): _____

SIGNATURE(S): _____

DATE: _____

(Attach additional sheets if necessary)

EACH APPELLANT MUST HAVE PROVIDED EVIDENCE TO THE DECISION MAKING AUTHORITY THAT WAS CONTRARY TO THE DECISION.

APPELLANT REPRESENTATIVE: *All pre-hearing contact will be made solely to this person.*

IF MORE THAN ONE APPELLANT, APPELLANT'S MUST DESIGNATE A SINGLE APPELLANT REPRESENTATIVE.

NAME: _____ COMPANY: _____

ADDRESS: _____

(CITY, STATE, ZIP) _____

PHONE: _____ FAX: _____ E-MAIL: _____

SIGNATURE: _____ DATE _____

REQUIRED INFORMATION

SITE ADDRESS: _____ CASE FILE NO. UNDER APPEAL: _____

SPECIFIC APPROVAL CRITERIA / CONDITION BEING APPEALED: _____

SPECIFIC REASON(S) WHY A FINDING / CONDITION IS IN ERROR AS A MATTER OF FACT, LAW OR BOTH: _____

(Attach additional sheets if necessary)

SPECIFIC EVIDENCE RELIED ON TO ALLEGE ERROR: _____

(Attach additional sheets if necessary)

HOW DID THE APPELLANT(S) PROVIDE EVIDENCE TO THE DECISION MAKING AUTHORITY? WHERE IN THE OFFICIAL RECORD IS SUCH EVIDENCE?: _____

(Attach additional sheets if necessary)

FEE: \$1000 Fee plus hourly rates may be applied, see other types of appeal fees on 2008 fee schedule.