



CITY OF REDMOND
APPEAL APPLICATION FORM

| | |
|-----------------------------------|--|
| (Staff Use Only) | |
| File No: | |
| Date Received: | |
| RECEIVED | |
| CITY OF REDMOND | |
| MAY 05 2015 | |
| OFFICE OF THE HEARING EXAMINER | |

This appeal application form is for appeals of Technical Committee and Hearing Examiner decisions only.

Do not use this form if you are appealing a decision on a:

- Shoreline Permit
- Shoreline Variance
- Shoreline Conditional Use Permit
- Hearing Examiner decision on a SEPA appeal
- City Council approval or denial

Appeal Applications may be delivered to the Office of the City Clerk-Finance/Hearing Examiner by email, mail, personal delivery or by fax before 5:00 P.M on the last day of the appeal period.

City of Redmond Office of the City Clerk-Finance/Hearing Examiner Contact Information:

Mailing Address:
Office of the City Clerk/
Hearing Examiner
P.O. Box 97010, 3NFN
Redmond, WA 98073

Physical Address:
City Hall, 3rd Floor
15670 NE 85th Street
Redmond, WA 98052

Phone: 425-556-2191
Fax: 425-556-2198
Email: cdxanthos@redmond.gov
Web: <http://www.redmond.gov>

Appeals of City Council decisions may be appealed to Superior Court by filing a land use petition which meets the requirements set forth in RCW Chapter 36.70C. The petition must be filed and served upon all necessary parties as set forth in State law and within the 21-day time period as set forth in RCW Section 36.70C.040. Requirements for fully exhausting City administrative appeal opportunities must be fulfilled.

Section A. General Information

Name of Appellant: Curtis Nelson
 Address: 16250 NE 80th St
 City: Redmond State: WA Zip: 98052 Email: drnelson@nelsonchiro.com
 Phone: (home) _____ (work) 425 867-1119 (cell) 425 977-9190

What is your relationship to the project?

- Interested Citizen Project Applicant Government Agency



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Name of project that is being appealed: 162 Ten

File number of project that is being appealed: LAND-2014-01610

Date of decision on project you are appealing: 2/17/15

Expiration date of appeal period: 5/6/15

Please choose the applicable appeal:

- Appeal to the Hearing Examiner of a Technical Committee Decision
- Appeal to City Council of a Hearing Examiner decision on an appeal
- Appeal to City Council of a Hearing Examiner decision on an application

Pursuant to the Redmond Zoning Code, only certain individuals have standing to appeal a decision on application or appeal. Below, please provide a statement describing your standing to appeal. (Please review the back page to determine if you have standing to appeal.)

I operate a business on the same street as project and within 100' of it.

Section B. Basis for Appeal

If you are appealing a Technical Committee Decision, please fill out items 1, 2, and 3 only. If you are appealing a Hearing Examiner's decision on an application, or a Hearing Examiner's decision on an appeal, you only need to fill out item 4 below. Attach additional sheets if necessary.

1. Please state the facts demonstrating how you are adversely affected by the decision (attach additional sheets as necessary):

This project will bring many vehicles to downtown Redmond with grossly inadequate parking.



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2. Please provide a concise statement identifying each alleged error and how the decision has failed to meet the applicable decision criteria (attach additional sheets as necessary):

This project has been approved with only about half the normal allowance of parking

3. Please state the specific relief requested (attach additional sheets as necessary):

Do not approve this project

4. Please provide a written statement of the findings of fact or conclusions (as outlined in the Hearing Examiner's decision) which are being appealed (attach additional sheets as necessary):
