



Petition for Appealed  
Hearing Examiner Decision

**CITY OF PUYALLUP**

Development Services  
333 S. Meridian  
Puyallup, WA 98371  
Phone: 253-864-4165  
Fax: 253-840-6678  
www.cityofpuyallup.org

**Submittal Checklist:**

Application is signed and dated

2 Copies of completed application form

All and Any Back-up supporting your petition

Application Fee: **\$1,040.00**

1 (one) CD of complete submittal package

**Date Received:** \_\_\_\_\_

**Time Received:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_

**Office Use Only:**

Submittal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Case No: \_\_\_\_-\_\_\_\_-\_\_\_\_ Related Case No: \_\_\_\_-

**W**hen preparing this application, please print or type the reply to each question. If you have any questions, please contact the Development Services Center at (253) 864-4165. The following plans, specifications and other documents pertaining to the application shall be submitted at the time of filing. Please note that incomplete application packets may cause a delay in reviewing your application.

An appeal of Hearing Examiner decision shall contain proof for justification of grounds that the decision contains substantial error, was materially affected by irregularities in procedure, is unsupported by substantial evidence in the record or is in conflict with the city's adopted plans, policies and ordinances may request review of any land use regulatory decision identified in PMC 2.54.070. The burden of proof for justification of grounds for such petition for review shall be upon the petitioner.

**Application Information**

**Site Information:**

Original Case No.:	Hearing Date:
Parcel Number:	
Street Address:	

**Applicant Information**

Name:		
Address:		
City:	State:	Zip:
Email:		Phone:

**Petitioner Information**

Name:		
Address:		
City:	State:	Zip:
Email:		Phone:

**Owner Information**

Name:		
Address:		
City:	State:	Zip:
Email:		Phone:

(Attach Additional Sheets If Necessary)

1. Please reference the application and decision sought to be reviewed, including the date the decision was rendered.

2. Please state the alleged errors in fact or in procedure.

3. Please state the petitioner's standing as a party of record.

**CERTIFICATION:**

I hereby state that I am the petitioner and understand that under PMC 2.54.160 that, as the petitioner, I am responsible to satisfy all costs incurred for preparation of the transcript, including, but not limited to, the cost of generating the transcript of the examiner hearing(s) and the cost of the attendance of a court reporter at all appellate examiner hearings.

Signature of Petitioner: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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