

# Appeal



## CITY OF BLACK DIAMOND

Community Development Dept.

24301 Roberts Drive / PO Box 599  
Black Diamond, WA 98010  
(360) 851-4567

Decision being appealed (include case number if applicable): \_\_\_\_\_

\_\_\_\_\_

Name of Appellant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. What is your relation to the decision being appealed? \_\_\_\_\_

\_\_\_\_\_

2. What error(s) do you believe were made by the decision? How does the decision fail to meet the applicable decision criteria?

\_\_\_\_\_

3. What relief are you requesting (i.e., overturn the decision, modify the decision, etc.)? \_\_\_\_\_

\_\_\_\_\_

4. Any other information you wish to have considered (attach additional page, if necessary)?

***Please include this form with the applicable appeal fee as outlined in the City's current fee schedule.***

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

Date: \_\_\_\_\_

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