

CITY OF SEATAC PROCESS AND PROCEDURE FOR SEPA APPEAL HEARINGS

1. To appeal a final threshold determination of significance or insignificance issued by the City of SeaTac, the attached appeal form must be used.
2. The appeal form shall be filled out completely, and the determination being appealed must be clearly identified by file number and the date of issuance. A copy of the threshold determination may be attached to meet this requirement.
3. The appeal shall be in writing and contain the following information (see SMC 16A.23.155):
 - A. The basis for the appellant's standing, including:
 1. How the appellant's interests are arguably within the zone of interests protected by SEPA; and
 2. How the SEPA decision being appealed will cause the appellant injury-in-fact. If the alleged injury-in-fact has not already occurred, the appellant must set forth facts establishing the immediate, concrete, and specific future injury-in-fact that will occur to the appellant as a result of the SEPA determination under appeal.
 - B. The specific alleged errors in the SEPA decision being appealed;
 - C. The relief requested; and
 - D. The signature, address, and phone number of the appellant and the name and address of the petitioner's designated representative, if any.
4. The appeal must be filed with the City Clerk within ten (10) days of the date of issuance of the determination of significance or insignificance. Additionally, there is a fee required for filing the appeal, which must be paid at the time of filing. The fee is set in the City's Schedule of License Fees, Permit Fees, Other Fees and Charges for City Services.
5. Any additional written documentation in support of the appeal must be submitted to the City Clerk's office within fourteen (14) days of filing the initial appeal.
6. Upon receipt of the appeal, the City will schedule a public hearing before the Hearing Examiner. The hearing may take place 45 to 90 days after receipt of the appeal.
7. The public hearing notice shall be published, posted and mailed to parties of record and, if applicable, to adjacent property owners, not less than thirty (30) days prior to the public hearing.
8. At least fourteen (14) days before the appeal hearing, the City will file a staff report supporting the City's threshold determination.
9. At the public hearing, staff will present their findings and recommendations outlined in the staff report, the appellant will present reasons for appealing the determination, then the Hearing Examiner will allow public comment for or against the staff determination.

10. The Hearing Examiner then reviews the staff report, appellant's written documentation, and all testimony before rendering a decision. The Hearing Examiner's decision will be issued within ten (10) working days of the date of the hearing.
11. Any further appeals are governed by Section 16A.23.250 of the SeaTac Municipal Code.



APPEAL OF THE SEPA DETERMINATION ISSUED FOR PERMIT NO./FILE NO. _____

The undersigned is aggrieved by, and hereby appeals, the final threshold determination of significance or nonsignificance issued by the City of SeaTac on _____, 20____, in File No. _____, File Name _____.

It is requested that a hearing of this appeal be scheduled before the City Hearing Examiner. It is understood that this appeal is governed by RCW 43.21C.075, WAC 197-11-680, and the City's environmental policies at Chapter 16A.23 of the SeaTac Municipal Code.

CONTENTS OF APPEALS

Pursuant to Section 16A.23.155 of the SeaTac Municipal Code, the following must be provided: (Additional pages may be attached)

- A. The basis for the Appellant's standing, including:
1. How the Appellant's interests are arguably within the zone of interests protected by SEPA; and
2. How the SEPA decision being appealed will cause the Appellant injury-in-fact.
B. The specific alleged errors in the SEPA decision being appealed;
C. The relief requested.

APPELLANT

DESIGNATED REPRESENTATIVE (if any)

Signature: _____
PRINT NAME: _____
ADDRESS: _____
PHONE NUMBER: (H) _____ (W) _____
Email: _____

CITY CLERK'S OFFICE USE ONLY

Date and time appeal filed: _____
Attachments: _____
Filing Fee: _____ Receipt No. _____
Received by: _____