



## APPEAL / RECONSIDERATION COMMUNITY DEVELOPMENT

806 WEST MAIN STREET • MONROE, WA 98272  
City Hall 360.794.7400 • Fax 360.794.4007

### **INSTRUCTIONS:**

Below is a checklist of items that must be submitted as part of your application for An Appeal or Reconsideration. Requirements below outline the minimum information that must be provided as part of the application. Numbers in parenthesis equal the number of copies required. Please use only paper clips and/or binder clips when assembling documents.

If you have any questions about what is required, or if you would like to schedule a pre-application meeting, please call the Community Development Department at 360.863.4532.

### **SUBMITTAL CHECKLIST**

- ◇ (1) CD with individual pdfs of each item listed below ↓
- ◇ (1) Original plus (4) copies of the Combined Permit Application Form
- ◇ (1) Vicinity map (on 8½" X 11")
- ◇ (1) Copy of decision being appealed
- ◇ (1) Original plus (4) copies of the following for the type of appeal/reconsideration:
  - ◇ If **RECONSIDERATION** -
    - a. Written request stating specific errors of law, fact, or procedure by 5:00 p.m. on the tenth calendar day following issuance of a decision by the Hearing Examiner.
  - ◇ If **ADMINISTRATIVE APPEAL**
    - a. Written appeal stating specific rationale and basis for appeal within fifteen working days of the decision.
  - ◇ If **APPEAL TO CITY COUNCIL**
    - a. Written appeal shall contain a concise statement saying why the decision is thought to be wrong within fifteen working days of the decision.
  - ◇ If **JUDICIAL APPEAL**
    - a. Appeal shall be made to Snohomish County Superior Court within twenty-one days of the date the decision or action became final, unless another time period is established by state law or local ordinance.



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### **INFORMATION FOR THE APPLICANT**

#### **APPEAL (MMC 21.60.010)**

Applicants or parties of record may appeal administrative interpretations and administrative approvals to the Hearing Examiner, within 15 working days of the decision, at an open record hearing.

Administrative Appeal - Attach a separate sheet stating specific rationale and basis for appeal. All appeals shall be filed in writing and shall be based on the review of the record established at the hearing before the hearing examiner in accordance with MMC 21.50.090 and 21.60.020.

Generally, appeals of the Hearing Examiner's decisions for administrative interpretations and administrative approvals by a party of record are made to the City Council at a closed record hearing in accordance with MMC [21.50.070](#). All appeals of Hearing Examiner decision's shall be filed in writing and shall be based on the review of the record established at the public hearing in accordance with MMC [21.50.090](#) and [21.60.020](#).

1. The appeal shall be filed on forms provided by the Community Development Department and must be filed in original form.
2. The appeal shall set forth the specific reason, rationale, and/or basis for the appeal.
3. Payment of the appeal fee, as specified in the city's fee resolution, shall occur at the time the appeal is filed.

Except when superior court or any other body is the designated appeal body, or the Monroe Municipal Code or state law requires otherwise, appeals of the hearing examiner's appellate decisions for administrative interpretations and administrative approvals, by a party of record, are made to the city council at a closed record hearing, in accordance with MMC 21.50.070. All appeals shall be filed in writing and shall be based on the review of the record established at the hearing before the hearing examiner in accordance with MMC 21.50.090 and 21.60.020. (Ord. 003/2008 (Exh. F); Ord. 001/2003; Ord. 1227, 2001; Ord. 1092, 1996)



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### **APPEAL TO THE CITY COUNCIL (MMC 21.60.020)**

**Filing.** Every appeal to the city council shall be filed with the Director of Community Development within fifteen working days after the date of the recommendation or decision of the matter being appealed.

**Contents.** The notice of appeal shall contain a concise statement identifying:

1. The decision being appealed.
2. The name and address of the appellants and their interest(s) in the matter.
3. The specific reasons why the appellant believes the decision to be wrong. The appellant shall bear the burden of proving the decision was wrong.
4. The desired outcome or changes to the decision.
5. The appeals fee. (Ord. 001/2003; Ord. 1227, 2001; Ord. 1092, 1996)

### **JUDICIAL APPEALS (MMC 21.60.030)**

A. Appeals from the final decision of the city council, planning commission, or hearing examiner, or other city board or body involving MMC Titles 15 through 20, and for which all other appeals specifically authorized have been timely exhausted, shall be made to Snohomish County superior court within twenty-one days of the date the decision or action became final, unless another time period is established by state law or local ordinance.

B. Notice of the appeal and any other pleadings to be filed with the court shall be served on the city as required by law.

C. The cost of transcribing and preparing all records ordered certified by the court or desired by the appellant for such appeal shall be borne by the appellant. The appellant shall post with the city clerk prior to the preparation of any records an advance fee deposit in the amount specified by the city clerk. Any overage will be promptly returned to the appellant.

### **RECONSIDERATIONS (MMC 21.50.080)**

MMC 21.50.080 allows a party of record to a public hearing or closed record appeal, to seek reconsideration of a recommendation or a decision by the Hearing Examiner or hearing body, by filing a written request for reconsideration with the Community Development Department within ten calendar days, following issuance of the written final decision. All motions for reconsideration requests shall state the specific errors of law, fact, or procedure. Reconsideration will be granted only when an obvious legal error has occurred or a material factual issue has been overlooked that would change the previous decision. If a request for reconsideration is accepted, a decision or recommendation is not final until after a decision on the reconsideration request has been issued.



**COMMUNITY DEVELOPMENT**

806 West Main Street, Monroe, WA 98272  
Phone (360) 794-7400 Fax (360) 794-4007  
[www.monroewa.gov](http://www.monroewa.gov)

FOR OFFICE USE ONLY  
Permit #(s) \_\_\_\_\_  
\_\_\_\_\_

**APPEAL/RECONSIDERATION APPLICATION**

**APPEAL** – The appellant must submit an appeal within **15 working days** of the decision or interpretation date.  
**RECONSIDERATION** – The appellant or interested party must submit a request for reconsideration within **10 calendar days** of the decision date.

**DATE AND TIME OF SUBMITAL:** \_\_\_\_\_

**PROJECT NAME / CITY FILE # OF APPEAL *OR* RECONSIDERATION:** \_\_\_\_\_

**TYPE OF DECISION OR DETERMINATION BEING APPEALED OR RECONSIDERED:**

- APPEAL OF ADMINISTRATIVE INTERPRETATIONS *OR* ADMINISTRATIVE APPROVALS TO THE HEARING EXAMINER**
- APPEAL TO CITY COUNCIL**
- CODE VIOLATION**
- LAND USE**
- RECONSIDERATION REQUEST**

State the specific reasons why you believe the decision to be wrong. The appellant bears the burden of proof.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your desired outcome or changes to the decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Property Address of project (If applicable) \_\_\_\_\_

Tax Parcel # of project (If applicable): \_\_\_\_\_

**APPELLANT(S) / PETITIONER(S) INFORMATION**

(If more than one person, attach information on separate sheet.)

**PRINTED NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_