



Planning & Permitting Division
Permit Assistance Center

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

FOR OFFICE USE ONLY
Permit #(s)
AP# 894

APPEAL/RECONSIDERATION APPLICATION AND PROCESS

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 working days of the decision date.

RECEIVED

DEC 16 2013 11:25am

DATE AND TIME OF SUBMITAL:

CITY OF MONROE

PROJECT NAME / CITY FILE # OF APPEAL OR RECONSIDERATION: East Monroe

Comprehensive Plan Amendment + Rezone 13-APHE-001

TYPE OF DECISION OR DETERMINATION BEING APPEALED OR RECONSIDERED:

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

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

PLEASE SEE ATTACHED

Your desired outcome or changes to the decision: REVERSE DECISION

Property Address of project (If applicable): N/A

Tax Parcel # of project (If applicable): N/A

APPELLANT(S) / PETITIONER(S) INFORMATION

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

PRINTED NAME: LOWELL ANDERSON

SIGNATURE: Lowell Anderson E-MAIL: N/A

ADDRESS: 129 E RIVINGTON DR MONROE WA 98272

PHONE: 360-794-7075 CELL #: —



RECEIVED

DEC 16 2013

CITY OF MONROE

CITY OF MONROE

Community Development Department
806 West Main Street
Monroe, WA 98272
Phone: (360) 794-7400
Fax: (360) 794-4007

Appeal / Reconsideration Application Form

Date and Time of submittal: 10/16/2013 10:25 AM

City File # being Appealed / Reconsidered: Ap # 894

APPEAL requests must be submitted within 15 working days of the date of the decision or interpretation. RECONSIDERATION requests must be submitted within 10 working days of the date of the decision or interpretation.

- APPEAL OF ADMINISTRATIVE INTERPRETATIONS or ADMINISTRATIVE APPROVALS TO THE HEARING EXAMINER
Code Violation Land Use
APPEAL TO CITY COUNCIL
RECONSIDERATION REQUEST

RECOMMENDATION, DECISION OR DETERMINATION BEING APPEALED:

YOUR INTEREST IN THE MATTER:

DATE OF ISSUANCE OF RECOMMENDATION, DECISION OR DETERMINATION:

PROPERTY ADDRESS (If applicable)

TAX PARCEL # (If applicable):

APPELLANT/PETITIONER INFORMATION (If more than one person, attach information.)

Name: Douglas Hamar
Address: 21122 Calhoun Rd Monroe wa (not mailing address)
Po Box 1104, Monroe wa 98272
Phone 503 245-6593 Cell phone: same
E-mail: doogle9@hotmail.com Work phone: