## **Tracy Griffin**

From: Katzaroff, Kenneth < KKatzaroff@SCHWABE.com>

Sent: Tuesday, November 16, 2021 10:39 AM

**To:** Angie Brewer

**Cc:** William Groves; 'Kameron DeLashmutt'; liz@lizfancher.com **Subject:** Appeal of File No. 247-21-000537-SP [IWOV-pdx.FID4723617]

Attachments: Appeal of 247-21-000537-SP.pdf

#### [EXTERNAL EMAIL]

Please find the attached appeal form and statement. I understand that the fee has been paid over the phone. Please let me know if you have questions.

Thanks,

Ken

Schwabe Williamson & Wyatt

#### **Kenneth Katzaroff**

Attorney

Direct: 206-405-1985 kkatzaroff@schwabe.com

Admitted in Washington and Oregon.

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### APPEAL APPLICATION

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#### **EVERY NOTICE OF APPEAL SHALL INCLUDE:**

- 1. A statement describing the specific reasons for the appeal.
- 2. If the Board of County Commissioners is the Hearings Body, a request for review by the Board stating the reasons the Board should review the lower decision.
- 3. If the Board of County Commissioners is the Hearings Body and *de novo* review is desired, a request for *de novo* review by the Board, stating the reasons the Board should provide the *de novo* review as provided in Section 22.32.027 of Title 22.
- 4. If color exhibits are submitted, black and white copies with captions or shading delineating the color areas shall also be provided.

It is the responsibility of the appellant to complete a Notice of Appeal as set forth in Chapter 22.32 of the County Code. The Notice of Appeal on the reverse side of this form must include the items listed above. Failure to complete all of the above may render an appeal invalid. Any additional comments should be included on the Notice of Appeal.

Staff cannot advise a potential appellant as to whether the appellant is eligible to file an appeal

(DCC Section 22.32.010) or whether an appeal is valid. Appellants should seek their own legal advice concerning those issues.

Appellant's Name (print): 

Mailing Address: 

Appellant's Name (print): 

Mailing Address: 

Appellant's Name (print): 

Mailing Address: 

City/State/Zip: 

City/State/Zip

(over)

# **NOTICE OF APPEAL**

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