



City of Moxee

255 W Seattle ave, PO Box 249 Moxee, Wa 98936
Phone 509-575-8851 Fax 509-575-8852

GENERAL APPLICATION FORM

For Land Use Actions

CHECK ALL THAT APPLY AND ATTACH THE APPROPRIATE SUPPLEMENTAL FORM(S)

- | <u>Zoning</u> | | <u>Subdivision</u> | <u>Other</u> |
|--------------------------------------|---|--|--|
| <input type="checkbox"/> Level 1 Use | <input type="checkbox"/> Admin. Adjustment | <input type="checkbox"/> Exemption (SSE) | <input type="checkbox"/> Environmental Checklist |
| <input type="checkbox"/> Level 2 Use | <input type="checkbox"/> Variance | <input type="checkbox"/> Short Subdivision | <input checked="" type="checkbox"/> Appeal __HE __City Council |
| <input type="checkbox"/> Level 3 Use | <input type="checkbox"/> Non-Conforming Use | <input type="checkbox"/> Binding Site Plan | <input type="checkbox"/> Critical Areas |
| <input type="checkbox"/> Rezone | <input type="checkbox"/> Interpretation | <input type="checkbox"/> Alteration/Vacation | <input type="checkbox"/> Plan/Dev Reg Map Ad |
| | | <input type="checkbox"/> Subdivision Variance | <input type="checkbox"/> Plan/Dev Reg Text Ad |
| | | <input type="checkbox"/> Subdivision (Long Plat) | <input type="checkbox"/> Develop. Agreement |
| | | | <input type="checkbox"/> Other _____ |

SUBJECT PROPERTY INFORMATION

Parcel Number(s): _____ Property Address: _____
 A. _____
 B. _____ Zoning District: _____
 C. _____
 D. _____

Applicant Information: (Please Check Contact Person)

By signing this form, I hereby state as true that all ownership interests of the property have reviewed the proposal as presented in the application materials and support the proposed change(s) in land use.

- Property Owner:** _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): _____
 Address: _____ State: _____ Zip: _____
 Email: _____
Signature: _____
- Agent/Contact Person (If different):** _____
 Day Phone: _____ Company (if any): _____
 Owner of Parcel(s): _____
 Address: _____ State: _____ Zip: _____
 E-mail: _____
Signature: _____ **Date:** _____

If there are additional property owners, provide an attachment in the same format and with the same declaration

(Staff Use Only)

Date: _____ Receipt #: _____ Reviewed By: _____ Project # _____



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APPEAL

INSTRUCTIONS TO APPELLANT

- a) An appeal must be submitted within fourteen calendar days following issuances of the decision or determination (unless you have been notified that the appeal period has a different length of time).
- b) Attachments, as required below, shall be typed or legibly written and submitted along with the application.
- c) The application fee of \$500.00 for the public notice process must be paid at the time the application is received by the City of Moxee.
- d) Required Information:
 - 1. Appellant's name, address and phone number.
 - 2. Appellant's statement describing his or her standing to appeal;
 - 3. Identification of the application which is the subject of the appeal;
 - 4. Appellant's statement of grounds for the appeal addressing why the appellant believes the decision to be wrong and the facts upon which the appeal is based;
 - 5. The desired outcome or relief sought by the appellant, including the specific nature and extent; and
 - 6. A statement that the appellant has read the appeal and believes the contents to be true under the penalty of perjury, followed by the appellant's signature.

e) The appellant (applicant) or a representative must be present at the public hearing.

- 1. NAME OF APPELLANT _____ PHONE: _____
ADDRESS _____
- 2. REPRESENTED BY: _____
ADDRESS _____
- 3. APPLICATION NO. BEING APPEALED/NAME _____
- 4. TAX PARCEL NUMBER (if applicable) _____
- 5. NARRATIVE: (ATTACH SEPARATE SHEETS IF NECESSARY)

6. I have read the appeal and believe the contents to be true under the penalty of perjury.

SIGNATURE OF APPELLANT _____ DATE _____

ADDITIONAL INFORMATION AND SPECIAL INSTRUCTIONS FOR CLOSED RECORD APPEALS:

- a) Notice is provided to parties of record only.
- b) Appeals are limited to the record on the application or appeal before the Hearing Examiner. However, the Moxee City Council may allow supplementation of the record upon a showing of good cause. The record includes All materials received in evidence at any previous stage of the review, audio or video tapes of the prior hearing, the Hearing Examiner's determination or recommendation, and arguments by the parties at the Examiner's hearing.