



## APPEAL APPLICATION

Appellant Name:

Phone:

E-mail address:

Mailing Address:

Authorized Representative

Name of representative, if different from above. Groups and organizations must designate one person as their representative/contact person.

Representative Name:

Phone:

E-mail address:

Mailing Address:

1. Standing: Per Walla Walla Municipal Code 20.38.050, describe why you and/or your group have standing to appeal.

2. Action: Description of the Action (permit/project file #) being appealed.

3. Grounds for Appeal: Explain your statement of grounds for appeal and the facts upon which the appeal is based.

4. Reason for Appeal: Explain why the action is not consistent with the Walla Walla Comprehensive Plan, this Code, or other provisions of law.  
(Reference the section, paragraph and pages of the provision(s) cited)

5. Relief: Explain, the relief sought, including the specific nature and extent, including an explanation of its consistency with the Comprehensive Plan and the Municipal Code.

I, \_\_\_\_\_ have read the appeal and believe the contents to be true,

Date:

Signature of Agent or Appellant(s)