



SEPA Appeal Form

NOTE: Fees will be assessed in accordance with the Whatcom County Unified Fee Schedule (UFS) in effect at the time of application submittal. Please contact Planning and Development Services to determine project specific fees. Click [here](#) to see the 2019/2020 UFS.

Per UFS 2843 all permits and applications are subject to a Technology fee. The fee is calculated on the permit/application fees due.

Appeal of: Determination of Significance
 Determination of Non-Significance
 Mitigated Determination of Non-Significance

Appellant:

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____
Property Interest of Appellant _____

Property Owner:

Name _____ Phone _____
Address _____ City _____
State _____ Zip _____ Email _____

Date Determination Became Final: _____

Associated SEPA file: SEP _____ - _____

Assessor's Parcel Number(s): _____

A Statement is Attached to this Application Containing:

- Why I believe the determination or interpretation is not correct, **and**
- What I believe to be the correct determination or interpretation, **and**
- How the decision adversely affects me or my property

I/ We certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my/our knowledge and belief.

Signature of Appellant

Date

Signature of Attorney/ Agent

Date

I certify that I know or have satisfactory evidence that _____
is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____

I certify that I know or have satisfactory evidence that _____
is/are the person(s) who appeared before me, and said person(s) acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

Dated _____

Notary Signature: _____

Printed Name: _____

Notary Public in and for the State of Washington

Residing at _____

My appointment expires: ____/____/____

For County Use Only:

Appeal Number: APL _____ - _____ Appeal Fee: \$ _____

Receipt Number: _____ Date Received: _____