



Appeals or Request for Reconsideration Narrative

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This narrative must be completed and uploaded as part of the Appeal or Reconsideration request. Please select which type of action you are appealing.

File number of the decision being appealed:

- ☐ Appeal of an Administrative Interpretation, Decision, Action to the Hearing Examiner
- ☐ Appeal of an Administrative Code Enforcement Order to Abate to the Hearing Examiner
- ☐ Appeal of Impact Fees to the Hearing Examiner, [SCC 14.30.070](#)
- ☐ Appeal of Hearing Examiner Decision, Action to the Board of County Commissioners
- ☐ Request for Reconsideration of a Hearing Examiner Decision, [SCC 14.06.180](#)

1. What is your interest in this decision?

2. How are you aggrieved by the decision you are appealing?

3. What are the specific reasons you believe the decision is wrong? e.g., erroneous procedures, error in law, error in judgment, discovery of new evidence.
4. Describe any new evidence.
5. Describe your desired outcome or changes to the decision.
6. For a request of reconsideration of the Hearing Examiner decision, describe the specific errors alleged.