



Application Number \_\_\_\_\_

Parcel Number(s) \_\_\_\_\_

**RECONSIDERATION OF DECISION  
OF THE PIERCE COUNTY HEARING EXAMINER**

TO: THE PIERCE COUNTY HEARING EXAMINER:

COMES NOW \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_,  
(your name)

as an "aggrieved person" requesting reconsideration of the decision to \_\_\_\_\_  
(approve/deny)  
application for

WHEREAS, the Pierce County Hearing Examiner, after duly considering said matter, did on  
\_\_\_\_\_, \_\_\_\_\_, take said action to \_\_\_\_\_ the request;  
(decision date) (approve/deny)

THEREFORE, BE IT KNOWN that \_\_\_\_\_, after review and  
(your name)  
consideration of findings, conclusions, and decision of the Pierce County Hearing Examiner  
does now, under the provisions of the appropriate official regulations, give request for  
reconsideration of the Examiner's decision and concisely specifies what errors of procedure or  
misinterpretation of fact which the Examiner is asked to reconsider:

(if more space is needed, please attach additional sheets)

AND FURTHERMORE, requests that the Pierce County Hearing Examiner, having responsibility  
for final determination in this matter, will upon review of the request for reconsideration, take  
certain action to the request.

\_\_\_\_\_  
Signature of Appellant                      Address of Appellant                      Phone

Filed with the Planning and Public Works Department this \_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_, By \_\_\_\_\_; Received by \_\_\_\_\_;  
Forwarded to the Hearing Examiner on \_\_\_\_\_.

**NOTE: A request for reconsideration shall stay the 10-day appeal period until such  
a decision pursuant to this request is rendered.**