



# NORTHSHORE FIRE DEPARTMENT

(Contracting for Services with Shoreline Fire Department)

## PETITION FOR ADJUSTMENT OF BENEFIT CHARGE ASSESSMENT

Petition No. *(do not complete)* \_\_\_\_\_

<b>DUE DATE:</b>	All items must be completed and petitions received by <b>February 26, 2024 by 4:00 p.m.</b>
<b>REVIEW BOARD HEARING:</b>	<b>March 5, 2024 at 5:00 p.m.</b> Northshore Fire Department / Station 51 / 7220 NE 181st Street / Kenmore, WA 98028 <i>(All appeals will be considered; it is not required that you attend the hearing.)</i>

In accordance with the provisions of Chapter 52.18.070, Revised Code of Washington, I, \_\_\_\_\_, do hereby respectfully petition Northshore Fire Department’s Review Board to change the benefit Charge Assessment of the following described property.

1. Parcel number and address of property:

\_\_\_\_\_

2. I have a working fire sprinkler system and want the 50% deduction.  YES  NO  
*(If Northshore/Shoreline Fire Department does not have records confirming that you have a working system, a physical inspection may be required. If you have no other appeals to make, skip Sections 3-5 and go to the “Signature” section on the next page.)*

3. General description of property:

a. Building use:

\_\_\_\_\_

b. Brief description of building (include type of construction, height):

\_\_\_\_\_

c. Square footage of buildings and improvements, including garages, excluding decks and uncovered porches:

\_\_\_\_\_

4. Specific reasons why the Benefit Charge Assessment is being challenged:

\_\_\_\_\_

5. Attach all maps, pictures, letters or other data to substantiate the challenge.

Brief description of exhibit:

Exhibit Number:

\_\_\_\_\_

Northshore Fire Department Fire Benefit Charge for the year 2024: \$ \_\_\_\_\_

On the basis of the foregoing information, I request that the Benefit Charge Assessment for the year 2024 for this property be change to: \$ \_\_\_\_\_

**SIGNATURE:**

I certify that to the best of my knowledge and belief, the information entered on this petition is a true and fair presentation of the facts relating to this appeal.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2024.

**Signature / Owner:** \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Signature / Agent:** \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Mailing Address for Correspondence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN APPEAL FORM TO: FBC@northshorefire.com**

*or*

Northshore Fire Department  
**ATTN: FBC Appeal**  
7220 NE 181st Street  
Kenmore, WA 98028