

BOARD OF APPEALS APPLICATION

FILL IN ALL INFORMATION COMPLETELY

Location Tax Parcel #

Subdivision Lot # Lot Size

Property Owner - Name & Address

Phone Number

Applicant - Name & Address

Phone Number

ALL APPEALS SHALL BE BASED ON ONE OF THE FOLLOWING THREE CLAIMS. THE BOARD OF APPEALS MAY NOT AMEND, REVISE, WAIVE OR OTHERWISE SET ASIDE ANY CODE REQUIREMENTS EXCEPT AS NOTED BELOW

- Type of action requested - Hearing
 Oral Argument
 Decision based on submittal of evidence, written brief and/or Documentation

This appeal is based on the claim checked below:

- That the true intent of the act, uniform construction code, or the rules legally adopted there under have been incorrectly interpreted
 The provisions of the code do not fully apply.
 An equivalent form of construction is to be utilized.

Provide a brief description for the reasoning of this appeal:

APPLICANT'S SIGNATURE

DATE

I hereby certify that the statements contained herein are true to the best of my knowledge and belief.

DO NOT WRITE BELOW THIS LINE

Received - _____
Notification to Applicant - _____
Hearing Date - _____
Notes: _____

Hearing Required by _____ (60 days)
Extensions - _____

ADDITIONAL INFORMATION

[Empty box for additional information]

Applicant's Signature _____ Date _____