



**Community Development Department – Building Division
Board of Appeals**

APPLICATION TO APPEAR

Date	
Name	
Address	
City State Zip	
Phone No.	
Project Address	

<input checked="" type="checkbox"/>	Type of Appeal	Section Number	Type of Code
<input type="checkbox"/>	The Building Official's application of		
<input type="checkbox"/>	The Building Official's interpretation of		

My position on this issue is as follows: *(attach additional sheets if necessary)*

Signature: _____ **Date:** _____

For Agency Use Only		
Received by:	Date:	Scheduled for: