



Application to the State Appeals Board

PRINT IN INK or TYPE your responses.

MUNICIPALITY

BUILDING OFFICIAL	PHONE	E-MAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP CODE

PROJECT BEING APPEALED

Project is <input type="checkbox"/> One & two family building <input type="checkbox"/> Other building type	Has the permit been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICANT REQUESTING APPEAL		PHONE
<input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Designer <input type="checkbox"/> Attorney <input type="checkbox"/> Other		E-MAIL ADDRESS
MAILING ADDRESS	CITY	STATE ZIP CODE

CODE, YEAR AND SECTION BEING APPEALED

SUBJECT

BASIS: (check which of the following apply)

The true intent of this code or the rules have been incorrectly interpreted;

The provisions of this code do not fully apply;

An equally good or better form of construction is being proposed

CERTIFICATIONS

Our municipality does not have an appeals board and, therefore, requests that the State Appeals Board hear this appeal. A copy of our final determination on the matter is attached.

SIGNATURE BUILDING OFFICIAL	CERTIFICATION NO.	DATE
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I hereby certify that the above information is true and correct.

SIGNATURE APPLICANT	LICENSE # (if applicable)	DATE
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This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.