

Bay City Building Code Board of Appeals

APPLICATION FOR APPEAL

Applicant Name: _____

Applicant Address: _____

City, State, Zip: _____

Telephone Number: _____

Address for which appeal is being sought: _____

Owner & address of owner of this property: _____

NATURE OF THIS APPEAL

I respectfully bring this appeal before the building Code Board of Appeals because I believe and intend to prove the following: (check any appropriate box)

- The code has been incorrectly interpreted.
- The provisions of the code do not fully apply.
- A form of construction equivalent to that required and intended by the code will be used.

Briefly describe your appeal: _____

Outline your proofs that approval of this appeal will not substantially deviate from the performance required by the code to protect the health, safety and welfare of the residents of the city. (Use additional paper if necessary)

Outline your proofs that a variance being sought is neither so general nor recurrent in nature as to make amendment of the code practical or desirable. (Use additional paper if necessary)

Attach additional information, documentation, plans and explanations to support your request.
I certify that the statements above are true to the best of my information, knowledge and belief.

Applicant Signature

Date

APPLICATION MUST BE ACCOMPANIED BY \$64 FILING FEE, PAYABLE TO CITY OF BAY CITY.