

APPLICATION FOR REVIEW
CAPITAL REGION COUNCIL OF GOVERNMENTS
BUILDING CODES APPEALS BOARD

<i>COG Use Only</i>
File #: _____
Date Filed: _____

1. Applicant: Name _____
Address _____

Phone Number _____
2. Property Owner (if different from Applicant):
Name _____
Address _____

Phone Number _____
3. Building Permit Number at issue: _____
4. Name of Building Code and section numbers at issue: _____

5. Address and municipality of building site at issue: _____

6. Reason for Appeal: _____ Code incorrectly interpreted.
_____ Request for approval of equivalent form of construction.
_____ Provisions of Code do not fully apply.
_____ Other (Explain) _____
7. Current use of property: _____

8. Briefly explain the purpose of this application (use additional pages if needed): _____

9. Request for Hearing (check the space below if you want an in-person hearing):

I request an in-person hearing before the Board of Appeals.

10. Has all documentation been provided (sketch plan, denial notice, cease and desist notice, etc.?) Yes No

My/our signature(s) below certify that all of the above information and statements, as well as any other documents or information submitted with and made a part of this Applications for Review, are true and correct to the best of my/our information, knowledge and belief.

Applicant(s): _____ Date: _____
(Signature)

_____ Date: _____
(Signature)

Property Owner(s) (if different from Applicant(s):

_____ Date: _____
(Signature)

_____ Date: _____
(Signature)

Municipal Representative:

_____ Date: _____
(Signature)