



APPLICATION FOR WASHTENAW COUNTY BUILDING CONSTRUCTION CODE BOARD OF APPEALS
P.O. Box 8645, 705 NORTH ZEEB ROAD, ANN ARBOR, MI 48107
(734) 222-3900

APPLICATION FEE: **RESIDENTIAL \$150** OR **COMMERCIAL \$300** (NOTE: *APPLICANT IS RESPONSIBLE FOR PAYING APPLICATION FEE.*)

FACILITY INFORMATION				
FACILITY NAME:		FACILITY ADDRESS:		
NAME OF CITY, VILLAGE, TOWNSHIP IN WHICH FACILITY IS LOCATED:				
<input type="checkbox"/> CITY	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> TOWNSHIP OF:	PERMIT NUMBER (IF APPLICABLE):	
BUILDING DATA				
GROSS FLOOR AREA:				
<input type="checkbox"/> NEW BUILDING _____	<input type="checkbox"/> ADDITION _____	<input type="checkbox"/> ALTERATION _____	<input type="checkbox"/> REPAIR _____	
CLASSIFICATION PER BUILDING CODE:				
BUILDING USE _____	CONSTRUCTION TYPE _____	OCCUPANT LOAD _____	AREA/FLOORS _____	# OF FLOORS _____
PERMIT HOLDER				
NAME (COMPANY OR INDIVIDUAL):		CONTACT PERSON:	PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	FAX NUMBER:
BUILDING OWNER				
NAME (COMPANY OR INDIVIDUAL):		CONTACT PERSON:	PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	FAX NUMBER:
BUILDING PERMIT AUTHORITY				
ENFORCING AGENCY:		NAME OF BUILDING OFFICIAL:	PHONE NUMBER:	
SUMMARY OF APPEAL				
CODE SECTION(S):				
DESIRED RELIEF (STATE BRIEFLY):				
BASIS OF APPEAL (STATE BRIEFLY):				
PROVIDE 7 COPIES OF THE FOLLOWING AS APPROPRIATE:				
<input type="checkbox"/> STATEMENT OF FACTS AND REASONING				
<input type="checkbox"/> PLANS OR PICTURES				
<input type="checkbox"/> ANY CORRESPONDENCE AS RELATED TO THIS APPEAL OR SUPPORTING DOCUMENTATION				
APPLICANT (All CORRESPONDENCE WILL BE SENT TO THIS ADDRESS.)				
NAME (COMPANY OR INDIVIDUAL):		APPLICANT NAME:	PHONE NUMBER:	
ADDRESS:	CITY:	STATE:	ZIP CODE:	FAX NUMBER:
APPLICANT SIGNATURE (MUST BE AN ORIGINAL SIGNATURE):			DATE:	