APPLICATION FOR APPEAL

APPEAL NO. _____

BOONE COUNTY APPEALS BOARD
5958 Garrard Street
Burlington, Kentucky 41005
Phone: 859-334-3649
Fax: 859-334-3137

NAME OF PROJECT: _____

ADDRESS OF PROJECT: _____

PROJECT IS: _____NEW CONSTRUCTION _____ADDITION/ALTERATION

PROJECT ARCHITECT/ENGINEER: _____

FIRE CHIEF: _____ JURISDICTION: _____

APPEAL SUBMITTED BY: OWNER _____ AGENT _____

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

OWNER: _____

ADDRESS: _____

PHONE: _____ FAX: _____ _____ EMAIL: _____

CODE INTERPRETATION MADE BY: (INSPECTOR NAME) _____

PLANS REVIEWED BY: (INSPECTOR NAME) _____

ISSUE BEING APPEALED: (Cite code sections and provisions; describe facts briefly)

_____

_____

ALTERNATIVES PROPOSED: _____

_____

STATUS OF PROJECT: _____

_____

****PLEASE SUBMIT FIFTEEN (15) COPIES OF DRAWINGS AND/OR SPECIFICATIONS SHOWING THE ISSUE BEING APPEALED ALONG WITH THIS APPLICATION.***

_____ _____

DATE OF APPLICATION **SIGNATURE OF APPELLANT**

AFFIDAVIT OF OWNER

I, _____, hereby authorize _____ to represent me in my absence at the appeals hearing for the above referenced project.

_____ _____

OWNER SIGNATURE NOTARY PUBLIC

My commission expires: _____

PLEASE NOTE: SOMEONE MUST BE PRESENT AT THE HEARING TO REPRESENT THE OWNER OF THE PROPERTY OR THIS MATTER WILL NOT BE HEARD. IF OWNER'S AGENT WILL BE PRESENT, THE ABOVE AFFIDAVIT MUST BE COMPLETED AT TIME OF APPLICATION.

RECEIVED BY BOARD SECRETARY: _____