

Application for Construction Code Appeal

NILES CHARTER TOWNSHIP
 Department of Building Safety
 320 Bell Road
 Niles, MI 49120
<http://nilestwpmi.gov>

Agency Use Only

Application Fee: \$500.00

Authority: 1972 PA 230
 Completion: Voluntary
 Penalty: Appeal will not be heard

Note: The applicant is responsible for all fees applicable to this application.

FACILITY INFORMATION

FACILITY NAME	ADDRESS
NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED	
<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township Of: _____	COUNTY

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 _____	No. of Occupants _____	Area/Floor _____ No. of Floors _____

PERMIT HOLDER

NAME (Company or Individual)		CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)	

BUILDING OWNER

NAME (Company or Individual)		CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)	

BUILDING PERMIT AUTHORITY

ENFORCING AGENCY		NAME OF BUILDING OFFICIAL		TELEPHONE NUMBER (Include Area Code)	
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)	

SUMMARY OF APPEAL

CODE UNDER WHICH APPEAL IS SOUGHT	
<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing	
CODE SECTION(S)	Provide copies of the following as appropriate (see instructions for number of copies): <input type="checkbox"/> Statement of Facts and Reasoning <input type="checkbox"/> Copy of Enforcing Agency Determination <input type="checkbox"/> Supporting Material Property Maintenance Appeal Fire Code Appeal
DESIRED RELIEF (State Briefly)	
BASIS OF APPEAL (State Briefly)	

APPLICANT (Note: All correspondence will be sent to this address)

NAME OF COMPANY		APPLICANT NAME		Enter email Address below:	
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
APPLICANT SIGNATURE (Must be an original signature)			DATE	FAX NUMBER (Include Area Code)	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Instructions for Application for Construction Code Appeal

Facility Information: Provide all information requested.

Building Data: Provide all information requested from the building permit or plan review.

Permit Holder: Provide the information requested for the entity named on the permit.

Building Owner: Provide the information requested for the entity that owns the building, which is the subject of the appeal.

Building Permit Authority: Provide all information requested for the enforcing agency.

Summary of Appeal: Code; provide the code under which an appeal is sought. Code Section(s); provide the code section(s) that are the subject of the appeal. Desired Relief; describe the remedy being sought. Basis of Appeal; provide a brief statement why the requested remedy should be granted. Provide Copies; provide copies of the documents as listed below:

Applicant: Provide all information requested.