



OFFICE USE ONLY Filing Fee: \$500.00 Appeal # _____ Submission Date: _____ Hearing Date: _____

APPLICATION TO THE BUILDING, FIRE & SANITARY SEWER BOARD OF APPEALS

City of Mt. Pleasant - Building Safety Department
320 W. Broadway Street, Mt. Pleasant, MI 48858
(989) 779-5347 • Fax: (989) 773-6791 • www.mt-pleasant.org

PROPERTY/APPLICANT INFORMATION				
Property Address:				
Name of Company (if applicable):				
Name of Applicant:				
Applicant's Address:			State:	Zip:
Daytime Phone:	Mobile:	Fax Number:		
E-mail:				
BUILDING DATA				
Gross Floor Area				
<input type="checkbox"/> New building _____ <input type="checkbox"/> Addition _____ <input type="checkbox"/> Alteration _____ <input type="checkbox"/> Repair _____ <input type="checkbox"/> Other _____				
Classification per Building Code				
Building Use _____ Construction Type _____ No. of Occupants _____ Area/Floor _____ No. of Floors _____				
PERMIT HOLDER				
Name:		Contact Person:		Telephone Number:
Address:	City:	State:	Zip:	Fax Number:
BUILDING OWNER				
Name:		Contact Person:		Telephone Number:
Address:	City:	State:	Zip:	Fax Number:
ENFORCING AUTHORITY				
Name:		Title:		Telephone Number:
Address:	City:	Zip:	Fax Number:	
SUMMARY OF APPEAL (attach additional sheets if necessary)				
Code Under Which Appeal is Sought and Year in Effect:				
<input type="checkbox"/> BUILDING <input type="checkbox"/> FIRE <input type="checkbox"/> SANITARY SEWER <input type="checkbox"/> OTHER				
CODE SECTION(S)			Provide copies of the following as appropriate: <input type="checkbox"/> Statement of Facts and Reasoning <input type="checkbox"/> Copy of Enforcing Agency Determination <input type="checkbox"/> Supporting Material <input type="checkbox"/> Other	
DESIRED RELIEF				
BASIS OF APPEAL				