

When mailing a fee
DO NOT SEND CASH

CLAIM OF APPEAL
BOARD OF APPEALS
BATTLE CREEK, MICHIGAN
HOUSING CODE VIOLATION

Issue Number:

1. Address of Inspected Property:

2. Name of Person Making Appeal:

3. Address of Person Making Appeal:

(Street) (City/Zip) (Contact phone)

4. I am making an appeal because I think: (place an "x" next to appropriate condition) - (You must present evidence that one of these conditions apply):

- A. A City standard or order causes more hardship for me than others.
- B. The order was not a correct interpretation of the City standard.
- C. I have another way to meet City standards.
- D. Other (explain here) _____

(Over)

5. Date of the Notice of Violation I am appealing is: (from notice):

6. Date of the Inspection: (from notice):

7. The part of the repair notice I am appealing is Violation # or time limit (be specific):

(Over)

8. My solution to the problem would be:

(Over)

9. What items have been completed from the violation list (list item number)?

10. The remaining items can be completed by:

11. Have you already had an extension of time (granted by Appeal Board or Administrator)?

Yes How Long? No

12. Is there a current and valid rental permit for this property?

Yes, if yes, indicate permit # No

13. How long have you owned the property?

14. I have sought assistance through the following agencies:

- A. City of Battle Creek Housing Rehabilitation (966-3323)
- B. Information and Referral Service (211)
- C. Bank
- D. Other:

I have attached the appeal fee of \$40.00 (payable to City of Battle Creek)

NO FEE REQUIRED FOR FIRST APPEAL.

I affirm all of this information is correct to the best of my knowledge:

Signature Today's date / / Birth date / /

RETURN FORM TO:

By Mail

City of Battle Creek
Code Compliance Division
PO BOX 1717
Battle Creek, MI 49016

In Person

City of Battle Creek
10 N. Division Street
City Hall, Room 117

CITY USE ONLY

Date Received: Last Appeal Date: Recorded by:

Check Number: Inspector: