

Case # _____
Receipt: _____

Date: _____
Fee: \$55.00

HAMILTON COUNTY
BOARD OF ADJUSTMENTS AND APPEALS

1. Applicant:
Name: _____
Address: _____
Phone #: _____
2. Address of property for which appeal is being requested:

3. Name of Property Owner: _____
4. **Architect** or **Engineer** for project (if applicable):
Name: _____
Address: _____
Phone #: _____
5. **Designer** of Architect or Engineer is involved:
Name: _____
Address: _____
Phone #: _____
6. Contractor:
Name: _____
Address: _____
Phone #: _____
7. In accordance with the provisions of Hamilton County Resolution # 696-7, I hereby appeal to The Construction Board of Adjustment & Appeals for (Be Specific):

BE PREPARED TO PRESENT ALL NECESSARY DRAWINGS, SPECIFICATIONS, AND DETAILS OF PROPOSED WORK AT THE HEARING.

8. List specific code section and requirement(s) from which appeal is being made:

Building ___ Residential ___ Plumbing ___ Mechanical ___ Gas ___ Fire ___
Elec ___ Energy ___ Accessibility ___

9. What hardship is involved in complying with the appropriate adopted code?

10. List specifically how or what alternative method of work, design, or change will be made to satisfy Code requirements or intent.

11. I hereby certify that the facts set out in the foregoing request are true to the best of my information and belief. I understand that failure to provide adequate and complete information shall be grounds for denial of this application.

Applicant signature

Case # _____
Receipt: _____

Date: _____

FOR BOARD USE ONLY

ACTION TAKEN BY THE BOARD

Motion: (Be specific)

Approved: _____

Denied: _____

Chairman

Date