

**Application for Construction Code Appeal**  
 Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9328  
 www.michigan.gov/bcc

Agency Use Only

**Application Fee: \$500.00**

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

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**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		BUILDING OFFICIAL NAME		TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)
		<b>MI</b>		

**SUMMARY OF APPEAL**

CODE UNDER WHICH APPEAL IS SOUGHT	
<input type="checkbox"/> Building (141) <input type="checkbox"/> Electrical (116) <input type="checkbox"/> Mechanical (131) <input type="checkbox"/> Plumbing (99)	
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 <input type="checkbox"/> Copy of Decision of Local Board of Appeals <input type="checkbox"/> Transcript of Local Board of Appeals Hearing
DESIRED RELIEF (State Briefly)	
BASIS OF APPEAL (State Briefly)	

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

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

**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:

- Building Code - **8** copies
- Electrical Code - **3** copies
- Mechanical Code - **1** copies
- Plumbing Code - **11** copies

**Applicant:** Provide all information requested.

Note: If the decision being appealed is that of a local Board of Appeals, this application and the filing fee must be received in our office within 10 business days of the filing of the decision of the local board of appeals in accordance with Section 16 of 1972 PA 230.

**U.S. Postal Service**

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes

**(Address to appropriate division-Electrical Division,  
Mechanical Division or Plumbing Division  
Please address Building appeals to Plan Review  
Division)**

P.O. Box 30255  
Lansing, MI 48909

**Courier Other Than U.S. Postal Service**

MI Dept. of Licensing and Regulatory Affairs  
Bureau of Construction Codes

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Mechanical Division or Plumbing Division  
Please address Building appeals to Plan Review  
Division)**

2501 Woodlake Circle  
Okemos, MI 48864

Validation Area