

Application for Construction Code Appeal
 Michigan Department of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 Building Trades Section
 P.O. Box 30255, Lansing, MI 48909
 517-241-9313
 www.michigan.gov/bcc

141/116/131/99

Agency Use Only

- **Application Fee:** \$500.00 Payable by check or money order to the State of Michigan.
- Mail completed application, required documents, and application fee to the address listed above.

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Authority: 1972 PA 230	LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in denial of your request.	

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

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)

APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF COMPANY			TELEPHONE NUMBER (Include Area Code)	
APPLICANT NAME			E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE	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. All items listed must be provided with application to be considered complete

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. Please provide a copy of the final decision of the local Board of Appeals.

U.S. Postal Service
 MI Dept. of Licensing and Regulatory Affairs
 Bureau of Construction Codes
 Building Trades Section
 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
 Building Trades Section
 2407 N. Grand River Avenue
 Lansing, MI 48906

Validation Area

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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 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">MI</div>	ZIP CODE	FAX NUMBER (Include Area Code)
SUMMARY OF APPEAL				
CODE SECTION(S)		Provide copies of the following: <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 as appropriate		
DESIRED RELIEF (State Briefly)				
BASIS OF APPEAL (State Briefly)				
APPLICANT SIGNATURE				DATE