Application for Construction Code Appeal

City of Warren
1 City Square, Suite 305
Warren, MI 48093
(586) 574-4504

Agency Use Only

- **Application Fee: $400.00** Payable by check or money order to the City of Warren.
  Mail completed application, required documents, and application fee to the address listed above.

Authority: 1972 PA 230 / WCO 9-27 – 9-31 Penalty: Failure to provide the information may result in denial of your request.	The City of Warren 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.

CODE UNDER WHICH APPEAL IS SOUGHT

☐ Building ☐ Electrical ☐ Mechanical ☐ Plumbing

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

Applicant must submit 5 copies of the application and supporting documentation along with the Application fee either in person to the Building Department or via US Mail at the address below.

Validation Area

U.S. Postal Service
City of Warren, Building Dept.
1 City Square, Suite 305
Warren, MI 48093

FACILITY INFORMATION

FACILITY NAME	ADDRESS

NAME OF CITY, VILLAGE OR TOWNSHIP IN WHICH FACILITY IS LOCATED	COUNTY
☐ City ☐ Village ☐ Township Of:_____	

BUILDING DATA

GROSS FLOOR AREA

☐ New Building_____ ☐ Addition_____ ☐ Alteration_____ ☐ 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)**
		MI		

SUMMARY OF APPEAL

CODE SECTION(S)	Provide five (5) copies of the following:
DESIRED RELIEF (State Briefly)	☐ Statement of Facts and Reasoning ☐ Copy of Enforcing Agency Determination ☐ Supporting Material
BASIS OF APPEAL (State Briefly)	

APPLICANT SIGNATURE	DATE