OTSEGO COUNTY BUILDING & SAFETY DEPARTMENT

1322 HAYES ROAD GAYLORD, MI 49735
PHONE 989-731-7400 * FAX 989-731-7419

APPLICATION FOR CONSTRUCTION BOARD OF APPEALS

APPLICANT"S NAME:_____ **CBA-**_____
ADDRESS: _____ TOWNSHIP:_____
_____ PERMIT #:_____
JOB ADDRESS: _____
PHONE:_____ TAX/PARCEL#:_____

I HEREBY REQUEST A HEARING BEFORE THE OTSEGO COUNTY CONSTRUCTION BOARD OF APPEALS CONCERNING THE FOLLOWING MATTER:

DESCRIBE IN DETAIL YOUR REASON FOR THIS REQUEST

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SCALED SITE PLAN SUBMITTED (IF APPLICABLE-SEVEN (7) COPIES) YES:_____ NO: _____
SECTION(S) OF THE CODE THAT APPLY:_____
CODE SECTIONS:_____
NAME OF DESIGNATED AGENT (PRINT):_____

_____
SIGNATURE: DATE:

****

FOR OFFICE USE ONLY:_____ MEETING DATE:_____
DATE IN PAPER: _____ RECEIPT#:_____
(5-15 DAYS AHEAD PER PUBLIC ACT 267 OF 1976) CHECK #:_____ AMOUNT:_____

(REV. 1-04)