Code Decision Appeal Form

A/P _____ Address _____

Contact: Name _____ Phone _____ Fax _____

Set forth in detail the precise decision or requirement being appealed:

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State precisely why the decision or requirement is in error:

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Designate the section(s) of the code, the statute(s) or the ordinance(s) which support(s) the appellant's position:

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Additional information may be submitted on a separate sheet of paper.

Signature:_____Date:_____