CITY OF MIDDLETOWN
DIVISION OF BUILDING INSPECTION
APPLICATION TO BOARD OF APPEALS

Date _____

Name of Appellant _____

Home Address _____

_____ Phone. No. _____

Address of property on which appeal is made _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

The applicant claims that a hardship exists and that an alternative arrangement of the code is available and feasible as follows: Give reasons – Use reverse side for additional information, if necessary:

Signature of Appellant _____

Date appeal was heard _____

Appeal granted _____ Appeal denied _____

Description of action taken by the Board _____

_____

_____

Return to: The City of Middletown
Division of Building Inspection
One Donham Plaza
Middletown, OH 45042

If you have question regarding this form, please call: (513) 425-7973