



Community Planning & Economic Development

245 N. Rose St. Ste 100

Kalamazoo, MI 49007

Phone: 269-337-8026

Fax: (269) 337-8513 cpd@kalamazoo.org

Building Board of Appeals

Your fully completed application, fee, and all related documents must be submitted to the Community Planning & Development Department **at least two (2) weeks prior** to the Building Board of Appeals meeting.

APPLICANT: Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Cell _____
 Fax _____ Email _____

OWNER: Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Cell _____
 Fax _____ Email _____

PROPERTY INFORMATION

Street or Street Address _____ CCN# _____

TYPE OF REQUEST _____

Code Section: _____

Description: _____

CHECKLIST

- \$ _____ Application Fee
- Floor plan
- Elevations/section
- Photographs

Staff use only – Referral

Date received:	Case #:
Zoning:	Historic District:
Meeting Date:	file #:
Summary Report Requested:	Summary Report Received:
Staff review date:	By:
Recommended Action:	<input type="checkbox"/> Approve <input type="checkbox"/> Approved with conditions <input type="checkbox"/> Deny

Staff use only – Action

Decision date:	<input type="checkbox"/> Approve	<input type="checkbox"/> Approved with conditions	<input type="checkbox"/> Deny
Final action:	No decision, next hearing date:		
Date determination recorded:	Date determination mailed:		

REASON FOR APPEAL: (STATE REASONS WHY COMPLIANCE WITH CODE REQUIREMENTS WILL CREATE HARDSHIP.)

PROPOSED ALTERNATIVE: (STATE ALTERNATIVE AND HOW IT WILL ACHIEVE AN EQUIVALENT LEVEL OF SAFETY.)

PROPOSED INTERPRETATION: (STATE YOUR INTERPRETATION OF THE CODE SECTION.)

Applicant signature: _____

Date: _____

Owner signature: _____

Date: _____