

When mailing a fee
DO NOT SEND CASH

CLAIM OF APPEAL
HOUSING APPEAL BOARD
BATTLE CREEK, MICHIGAN

Issue Number: EN09-33846

1. Address of Inspected Property:

2. Name of Person Making Appeal:

3. Address of Person Making Appeal:

(Street)

(City/Zip) (Contact phone)

4. I am making an appeal because I think: (place an "x") - (You must present evidence that one of these conditions apply):

- A. A City standard or order causes more hardship for me than others.
- B. The order was not a correct interpretation of the City standard.
- C. I have another way to meet City standards.
- D. Other (explain here)

(Over)

5. Date of the Notice of Violation I am appealing is: (from notice):

6. Date of the Inspection: (from notice):

7. The part of the repair notice I am appealing is Violation # or time limit (be specific):

(Over)

8. My solution to the problem would be:

(Over)

9. What items have been completed from the violation list (list item number)?

10. The remaining items can be completed by:

11. Have you already had an extension of time (granted by Appeal Board or Administrator)?

Yes ___ How Long? ___ No ___

12. Is there a current and valid rental permit for this property? _____ yes (if yes, indicate permit #
_____) no _____

13. How long have you owned the property? _____

14. I have sought assistance through the following agencies:

A. _____ City of Battle Creek Housing Rehabilitation (966-3323)

B. _____ Information and Referral Service (211)

C. _____ Bank

D. _____ Other:

_____ I have attached the appeal fee of \$20.00 (payable to City of Battle Creek Treasurer) **NO FEE REQUIRED FOR FIRST APPEAL.**

I affirm all of this information is correct to the best of my knowledge:

_____ Today's date _____ Birth date __/__/__

RETURN FORM TO:

By Mail

City of Battle Creek
Code Compliance Division
PO BOX 1717
Battle Creek, MI 49016

In Person

City of Battle Creek
City Hall, Room 111

CITY USE ONLY

Date Received: _____ Last Appeal Date: _____ Recorded by: _____

Check Number: _____ Inspector: _____