



DEPARTMENT OF ECONOMIC DEVELOPMENT AND PLANNING

316 N. Capitol Avenue, Suite C-1 • Lansing MI 48933-1238 • (517) 483-4355 • FAX: (517) 377-0169

BUILDING BOARD OF APPEALS

Date Filed: _____
Hearing Date: _____
Appeal Number: _____

The Building Board of Appeals meets the **second Tuesday** of each month at **2:00 p.m.** in the Conference Room of the Building Safety Office. Appeals, accompanied by a **non-refundable** fee of **\$125.00** for Single Family Residential; **\$200.00** for Single Family Residential Rentals; **\$200.00** for Commercial; which must be on file with the Building Safety Office twenty (20) days before the meeting date. **Make checks payable to the City of Lansing.**

ADDRESS OF PROPERTY FOR APPEAL: _____
Property Owners Name: _____ Telephone # (____) _____
Applicant's Name: _____ Telephone # (____) _____
Applicant's Address: _____

(Attach additional sheets, if necessary)

Request is hereby made to: _____

This is contrary to Section _____ of the _____ Michigan Building Code.

Arguments in support of this appeal: _____

Signed: _____ Date: _____

Appeal Board information will be sent to the applicant unless otherwise noted.