



**Board of Appeals Application for Hearing – Page 1 of 2**

Community Planning & Development Department

415 E. Stockbridge Avenue

Kalamazoo, MI 49001

Phone: 269-337-8026

Fax: 269-337-8513

cpd@kalamazoocity.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/sections
- 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:         approve     approved with conditions     Deny

**Staff use only – Action**

Decision date: \_\_\_\_\_ No decision, next hearing date: \_\_\_\_\_  
Final action:                     approve     approve with conditions     deny  
Date determination recorded: \_\_\_\_\_ Date determination mailed: \_\_\_\_\_



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

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

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

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Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner signature: \_\_\_\_\_

Date: \_\_\_\_\_