



## **Appeals Request – Board of Building and Zoning Appeals**

**Instructions:** Please fill out the required application. All information and application fees in this application must be submitted by the filing deadline or the application will not be processed (see attached schedule for filing deadline).

|                                                                                                                                                                                                                                       |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| <b>1. Property Address:</b> _____                                                                                                                                                                                                     | <b>2. Parcel #:</b> _____ |
| <b>3. <u>Name and Address of Applicant:</u> (Please Print)</b>                                                                                                                                                                        |                           |
| Applicant's Name: _____ Phone: _____                                                                                                                                                                                                  |                           |
| Address: _____                                                                                                                                                                                                                        |                           |
| City: _____ State: _____ Zip Code: _____ Email: _____                                                                                                                                                                                 |                           |
| <b>4. <u>Name and Address of Property Owner:</u> (Written authorization required if different than applicant)</b>                                                                                                                     |                           |
| Owner's Name: _____ Phone: _____                                                                                                                                                                                                      |                           |
| Address: _____                                                                                                                                                                                                                        |                           |
| City: _____ State: _____ Zip Code: _____ Email: _____                                                                                                                                                                                 |                           |
| <b>5. <u>Nature of Appeal:</u> (please check one)</b>                                                                                                                                                                                 |                           |
| <input type="checkbox"/> Violation(s) Cited: _____                                                                                                                                                                                    |                           |
| <input type="checkbox"/> Repair Timeframe Extension (include requested # of days): _____                                                                                                                                              |                           |
| <input type="checkbox"/> Other: _____                                                                                                                                                                                                 |                           |
| <b>6. My reasons for this appeal are:</b> _____                                                                                                                                                                                       |                           |
| <b>7. Attach a copy of the ORDER TO COMPLY and NOTICE OF ADMINISTRATIVE PENALTY being appealed. List the supported documents attached:</b> _____                                                                                      |                           |
| <b>*If not provided at the time of the application filing, please ensure that you provide all documentation to support your appeal request. Examples include: contractor quotes, plans &amp; timeline for repair, etc.*</b>           |                           |
| <b>A FILING FEE of \$25.00 shall accompany this appeal upon submittal to:</b><br>Barberton Building Department<br>576 W. Park Ave., Suite 103 Barberton, OH 44203<br><br><b>*Please make CHECKS PAYABLE to the CITY OF BARBERTON*</b> |                           |

**Complete:**

I hereby certify that all statements made in this application are true and accurate and that I have legal right or do possess a written power of attorney on the above premise.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Inspector Name \_\_\_\_\_