

**Engineering, Planning & Building Department**

**City of Warren, Ohio**

540 Laird Ave., S.E. Warren, Ohio 44484  
Phone: (330) 841-2617 – Fax: (330) 841-2614

**(RESIDENTIAL) BOARD OF BUILDING CODE  
APPEALS APPLICATION FORM**

Please fill out the following form completely. Print clearly or type.

DATE APPEAL WAS FILED WITH BUILDING OFFICIAL: \_\_\_\_\_

APPELLANT'S NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
Home Office  
Cell FAX Other

**CONTRACTOR INFORMATION (If Applicable)**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

**TYPE OF RELIEF SOUGHT (Please be specific. It is very important for you, the appellant, to express in writing what you want as a result of the appeal).**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THE APPELLANT (Express why you believe the Board of Building Code Appeals has the power or jurisdiction to address the denial).**

\_\_\_\_\_  
\_\_\_\_\_

**To expedite the scheduling of an Appeals Hearing. This application form is to be returned to the Executive Secretary at the Office of the Mayor. 391 Mahoning Ave., N.W. ( with a \$75.00 processing fee )**

Appellant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_