



**COUNTY OF SACRAMENTO
DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING PERMITS & INSPECTION DIVISION**

BUILDING BOARD OF APPEALS APPLICATION

Case Number

INSTRUCTIONS

- The Building Board of Appeals is empowered to hear and decide appeals of orders, decisions or determinations made by the Building Official relative to the application and interpretation of the provisions of the Building, Residential, Electrical, Plumbing, Mechanical, Green, Swimming Pool, Property Maintenance and Sign codes as adopted and amended by the County of Sacramento.
 - All appeals to the Board must be within the scope of authority described above. Only those items requested in writing will be considered. Any appeal that has been submitted to the Board for consideration requires action by the Board. Appeals will not be heard unless the appellant is in attendance. Such appeal may be withdrawn by the applicant, provided the withdrawal request is in writing.
 - Building Permits and Inspection Division must receive applications for appeal by the first Tuesday of a month to be heard at that month's Board hearing, which is generally held on the third Wednesday.
 - All applications must be accompanied by a check for \$500.00 payable to Sacramento County.
- Address all communications to: Board of Appeals, Building Permits and Inspection Division, 827 7th Street, Room 102, Sacramento, CA 95814. Telephone: 916-875-5296. FAX: 916-854-9228. **THIS FORM MUST BE SIGNED BY THE PROPERTY OWNER OR AGENT AUTHORIZED BY THE PROPERTY OWNER.**

INFORMATION

APPLICANT: FILL IN BELOW THIS LINE, THIS SIDE ONLY. PLEASE PRINT OR TYPE.

Project Address _____

Owner's Name	Lot	Block	Subdivision	Unit
Designer's Name	Owner's Mailing Address		Zip	Telephone
Existing Use	Designer's Mailing Address		Zip	Telephone
Clearly define all items requested in the appeal. Submit plans if necessary to illustrate request. Plans submitted with request <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Use		Plan File No.	<input type="checkbox"/> Proposed <input type="checkbox"/> Under Const. <input type="checkbox"/> Com. New Bldg. <input type="checkbox"/> Res. New Bldg. <input type="checkbox"/> Existing Bldg.

REQUEST

State why it is necessary or desirable that this request be approved and what arrangement, device, or construction is proposed as equivalent to that required.

JUSTIFICATION

If company officer, indicate name and function. (Please print.)

Signature of Owner _____

Or company officer only _____

If additional space is required, attach a separate sheet.

THIS SIDE FOR DEPARTMENT USE ONLY

Owners Name		Job Address			Case Number
Type of Const.	Stories	Zone	Occupancy	Plan Checker	Plan File No.
Investigated By:					Date

REPORT OF CONDITIONS & APPLICABLE CODE SECTIONS

--	--	--	--	--	--

SUMMARY OF BOARD ACTION

					Date of Action