

**CITY OF MIDDLETOWN  
DIVISION OF BUILDING INSPECTION  
APPLICATION TO BOARD OF APPEALS**

Date \_\_\_\_\_

Name of Appellant \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ Phone. No. \_\_\_\_\_

Address of property on which appeal is made \_\_\_\_\_

The applicant claims that a hardship exists and that an alternative arrangement of the code is available and feasible as follows: Give reasons – Use reverse side for additional information, if necessary:

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

**Appeal must be filed within 20 days of receipt**

Signature of Appellant \_\_\_\_\_

Date appeal was heard \_\_\_\_\_

Appeal granted \_\_\_\_\_ Appeal denied \_\_\_\_\_

Description of action taken by the Board \_\_\_\_\_

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

Return to:     The City of Middletown  
                  Division of Building Inspection  
                  One Donham Plaza  
                  Middletown, OH 45042

If you have questions regarding this  
form, please call: (513) 425-7973

Project No.: \_\_\_\_\_ Complaint No.: \_\_\_\_\_ Date Mailed: \_\_\_\_\_