



Development Services Department
230 W. Hickman Road
Waukee, IA 50263
Phone: (515) 978-9533
Fax: (515) 987-1845

BOARD OF APPEALS APPLICATION

PROPERTY ADDRESS (for Application) _____

NAME OF APPELLANT _____

COMPANY NAME (if applicable) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPELLANT'S EMAIL _____ PHONE # _____

PROPERTY OWNER (if different than appellant) _____

OWNER'S MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER'S EMAIL _____ PHONE # _____

Please check which of the following forms the basis for your appeal:

- Appeal to an alleged error in any order, requirement, decision or determination made in the enforcement of the codes.
- Special exception to the terms of the codes.
- Variance to the code requirements where there are unusual conditions or circumstances which cause a hardship when the provisions of the code are applied.
- Licensing actions.

Code or license being appealed: Code Section Reference # _____

- Building
- Plumbing
- Electrical
- Mechanical
- Housing
- Fire

Have you paid your \$100 fee for appeal? ___ YES ___ NO

Have you submitted supporting documentation? ___ YES ___ NO ___ N/A

Have you submitted a detailed site plan? ___ YES ___ NO ___ N/A

In order to ensure a timely appeal and a smooth hearing, please attach any and all relevant information, documents, permits, site plans and correspondence that the Board may consider for your appeal.

Approval of this appeal by the Board of Appeals in no way absolves the applicant from subsequently obtaining the necessary Building Permit(s) or other Permits from the City of Waukee or any other applicable agency.

I (We) certify that all of the statements made on this application and attachments are true to the best of my knowledge.

SIGNATURE OF APPELLANT

___/___/___
DATE

SIGNATURE OF OWNER (if different than appellant)

___/___/___
DATE