



BBCA # _____

DATE SUBMITTED _____

Board of Building Code Appeals

Pursuant to rules of the Ohio Board of Building Standards and the Codified Ordinances of the City of Medina

Application & Request for Hearing

BBC APPEALS
Application & Request for Hearing

Phone: 330-722-9030
Fax: 330-764-4385
www.medinaoh.org

APPLICANT TO COMPLETE THIS PAGE ONLY

Address for which application is being made _____

Owner's Name _____

Owner's Address _____ City _____

State _____ Zip _____ Phone _____ E-mail _____

Applicant's Name _____
If other than owner; submit owner's written permission

Applicant's Address _____ City _____

State _____ Zip _____ Phone _____ E-mail _____

Code Name and Section(s) for which this appeal is being made _____

What the code requires: _____

Reason for this appeal: _____

Where appropriate, the following checked items are attached and submitted in support of this appeal:

- () PLOT PLAN, drawn to scale showing dimensions, property lines, existing trees and landscaping, locations of abutting streets, existing buildings and structures, neighboring buildings and structures, and locations of proposed buildings and structures.
- () PHOTOGRAPHS, DRAWINGS, SPECIFICATIONS, ETC.
- () ELEVATION VIEWS OF PROPOSED BUILDINGS AND STRUCTURES
- () COLOR CHIPS FOR PAINT
- () SIDING, ROOFING, OR OTHER MATERIAL SAMPLES AND COLORS
- () OTHER INFORMATION FOR CLARIFICATION AND SUPPORT

COMMENTS _____

Signature of Applicant or Authorized Agent Date _____

Printed Name of Same

ON AGENDA FOR _____ BOARD OF BUILDING CODE APPEALS MEETING AT _____ P.M.

LOCATION OF MEETING _____

COURT RECORDER REQUIRED OR PRESENT: () YES () NO

VOTES WERE CAST AND RECORDED AS FOLLOWS:

F = FOR
A = AGAINST
NP = NOT PRESENT
R = RECUSE
AB = ABSTAIN

* ADDITIONAL INSTRUCTIONS, CONDITIONS, RESTRICTIONS, AND / OR DETERMINATIONS OF THIS HEARING:

THE APPEAL WAS: **APPROVED** _____ **DENIED** _____ **TABLED*** _____ **OTHER*** _____

If "**Tabled**", what further action is scheduled or required? _____

If "**Other**", provide details and instructions for continuing status _____

BUILDING OFFICIAL'S SIGNATURE _____

CHAIRMAN'S SIGNATURE _____

ATTACH DOCUMENTS AND SPECIFICATIONS FOR ADDITIONAL INSTRUCTIONS AND / OR DETERMINATIONS OF THIS HEARING

NOTICE SERVED BY: () POSTING () PUBLICATION () CERTIFIED MAIL () HAND () OTHER