

**CITY OF MUSKEGON
PLANNING DEPARTMENT
933 TERRACE ST STE 202, MUSKEGON, MI 49440
OFFICE: 231.724.6766 FAX: 231.724.6790**

HOUSING BOARD OF APPEALS CLAIM OF APPEAL

There is a \$100.00 non-refundable fee that must accompany this application.

Section 10-373. Time period for filing an appeal. An appeal must be filed within 20 days of the date of any order or ruling being appealed. However, if an order required the correction of a cited violation within a shorter period of time, the appeal must be made within such shorter period. The housing board of appeals shall not have the power to extend the time limits provided for in this section.

Please print your information:

1. Address of property under appeal: _____
2. Name of person making appeal: _____
3. Relationship to owner: _____
(If Not Owner)
4. Address of person making appeal: _____

5. Daytime Telephone: _____
6. How long has the property been owned by the current owner? _____
7. Is the property owner-occupied or rental: _____
8. Reason for appeal (check appropriate line):
____ A City standard causes more hardship for me than others.
____ The City's order was an incorrect interpretation of the standard.
____ I have an alternative way to meet the minimum standard.
____ Other (Explain) _____

9. Date of the inspection I am appealing: _____
10. Date of the repair notice I am appealing: _____
11. Violation numbers being appealed (from repair notice): _____

12. I have already corrected the following violations listed on the repair order (indicate violation number): _____

13. My solution to the problem which I am appealing would be: _____

I swear that the above information is true and correct to the best of my knowledge:

_____ Date: _____

(Signature of person appealing)