

## BUILDING REVIEW BOARD APPEAL FORM

(Contractor Hearing)	
Appellant Name:	d/b/a
Address:	
Phone #:	Mobile #
Action Requested:	
<ul><li>Exam Waiver</li><li>License approval (denied by staff)</li></ul>	□ License Upgrade □ Other
Description of request/problem and other mitig	ating factors (attach additional information and/or materials):
Appellant Signature Date	
Appellant may appear in person, in writing, or levidence in support of this hearing request at t	by agent and should be prepared to present all relevant details, or other the hearing time indicated below.
	nursday of each month at 1:00 p.m. in the Council Chambers at 300 ne month prior to the desired hearing date to ensure consideration.
	OFFICE USE ONLY
Hearing Date	Hearing Time
Reviewed by	on: Original – Appellant, Copy File
Distributio	