

**Application for Construction Code Appeal**  
 Village of Estral Beach  
 Building Department  
 7194 Lakeview Boulevard, Newport, MI 48166  
 734-586-8380  
 www.EstralBeachVillage.org

**EB-BD06**

**Agency Use Only**

Case #: \_\_\_\_\_

**Application Fee: \$300.00**

Authority: 1972 PA 230	The Village of Estral Beach is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Penalty: Failure to provide the information may result in denial of your request.	

**Note: The applicant is responsible for all fees applicable to this application.**

DIVISION UNDER WHICH APPEAL IS SOUGHT				
<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other

**APPLICANT (Note: All correspondence will be sent to this address)**

NAME OF COMPANY (N/A if not applicable)				
APPLICANT NAME				TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	FAX NUMBER (Include Area Code)

**FACILITY INFORMATION**

PROPERTY OWNER'S NAME:	ADDRESS
OTHER PERTINENT INFORMATION (e.g., email address):	COUNTY

**BUILDING DATA**

GROSS FLOOR AREA				
<input type="checkbox"/> New Building _____	<input type="checkbox"/> Addition _____	<input type="checkbox"/> Alteration _____	<input type="checkbox"/> Repair _____	
CLASSIFICATION PER BUILDING CODE				
Building Use _____	Construction Type _____	No. of Occupants _____	Area/Floor _____	No. of Floors _____

**PERMIT HOLDER**

NAME (Company or Individual)	CONTACT PERSON	TELEPHONE NUMBER (Include Area Code)		
ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS:

**BUILDING OWNER**

NAME (Company or Individual)	CONTACT PERSON	TELEPHONE NUMBER (Include Area Code)		
ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS:

**BUILDING PERMIT AUTHORITY**

ENFORCING AGENCY	BUILDING OFFICIAL NAME	TELEPHONE NUMBER (Include Area Code)		
Village of Estral Beach				
ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS:
7194 Lakeview Boulevard	Newport	MI	48166	

**SUMMARY OF APPEAL**

CODE SECTION(S): Provide the codes under which an appeal is sought and section(s) that are the subject of the appeal.

DESIRED RELIEF: Describe the remedy being sought. (State Briefly)

BASIS OF APPEAL: Provide a brief statement why the requested remedy should be granted.

Provide copies of the following as appropriate:

- Statement of Facts and Reasoning
- Copy of Enforcing Agency Determination
- Supporting Material
- Other

APPLICANT SIGNATURE

DATE

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Validation Area

U.S. Postal Service  
 Village of Estral Beach  
 Attn: **Building Department**  
 Construction Board of Appeals  
 7194 Lakeview Boulevard  
 Newport, MI 48166

Date Received by Village Clerk: \_\_\_\_\_

Fee Collected: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ (if applicable)

Forwarded to CBOA (Name): \_\_\_\_\_

Date/How forwarded: \_\_\_\_\_ / \_\_\_\_\_ (e.g., email, USPS, other)

Address (if applicable): \_\_\_\_\_ (i.e., email, USPS)

CBOA receipt confirmation date: \_\_\_\_\_

How Confirmed: \_\_\_\_\_ (e.g., Phone, email, USPS, etc.)