



Housing Board of Appeals Application

Submit Applications to City Hall

Street Address: 114 North Kidd Street Ionia, MI 48846

Mailing Address: P.O. Box 496 Ionia, MI 48846

Ph: (616) 527-4170 Website: www.ci.ionia.mi.us

Date of Application: _____

Permit Fee: \$250

This application requires action by the Housing Board of Appeals and a Public Hearing. Applications must be submitted within 20 days after the day the decision, notice, or order was served by the code official.

Applicant Information

Property Address: _____ Parcel Number: 34- _____

Owner's Name: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Applicant's Name: _____ Interest in Property: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Appeal Details

Ionia Housing Commission

Municipal Housing Facilities

Rental Property Decision

International Property Maintenance Code (IPMC)

Please provide a brief explanation of the situation and reason for an appeal.

The intent of the appeal process is not to change or eliminate a code requirement. Appeals shall be brought forth only when the applicant believes the code has been incorrectly interpreted, does not fully apply, or the provisions of the code are adequately satisfied by other means. Please mark the reason(s) for this appeal below and provide justification, attach additional pages/information if necessary.

___ The code has been incorrectly interpreted as follows:

[Empty rectangular box for text entry]

___ The provisions of the code do not fully apply as follows:

[Empty rectangular box for text entry]

___ The provisions of the code are adequately satisfied by other means as follows:

[Empty rectangular box for text entry]

Signature

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

___ Fees Paid Check: _____ Cash: _____ Credit Card: _____

Date of Meeting: _____ Action Taken: _____

Comments: _____

Copies To: _____

Signature: _____ Date: _____