

**SUMTER CITY-COUNTY BUILDING DEPARTMENT**

**BUILDING BOARD OF APPEALS**

**(Applicant must include a non-refundable APPLICATION FEE of \$125 City or County)**

APPLICANT:  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY  
OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROPOSED  
USE: \_\_\_\_\_

TYPE OF CONSTRUCTION: \_\_\_\_\_

**CONDITIONS FOR APPEAL(S):**

Check any one of the following conditions that are claimed to exist:

- The true intent of this code or the rules legally adopted there under have been incorrectly interpreted.
- The provisions of this code do not fully apply.
- An equally good or better form of construction is proposed.

Note: The Board of Appeals shall have no authority to waive the requirements of this code.

**SPECIFY CODE SECTION IN DISPUTE:** \_\_\_\_\_

Should none of the conditions apply, the Board shall consider the appeal groundless.

What is the basis for your appeal? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submit twelve (12) copies of any information you wish the Board to review with this request.

Area below line for Building Department and Board Member use only

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Date of Meeting \_\_\_\_\_

**BUILDING DEPARTMENT COMMENTS:**

Findings/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BOARD MEMBER USE:**

NAME \_\_\_\_\_

VOTE ( ) YES ( ) NO

Outcome: (Building Official Use)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_