BOARD OF APPEALS
Application to Appear

City of Redding
777 Cypress Avenue
Redding CA 96001
Telephone:
(530) 225-4013
FAX: (530) 225-4360

Acrobat Form: Use TAB or MOUSE to navigate, then PRINT.
Click here to CLEAR/RESET form.

Date: 04/20/2004

Name:

Address:

City State Zip

Phone No.:

Enter as: 2223334444

Project Address:

☐ I would like to appeal the Building Official's order, decision, or determination regarding the **application** of:

Section _____ of the _____ Code

☐ I would like to appeal the Building Official's order, decision, or determination regarding the **interpretation** of:

Section _____ of the _____ Code

My position on this issue is as follows: *(attach additional sheets if necessary)*

Signature	Date
	04/20/2004

For Agency Use Only

Received by:	Date:	Scheduled for:

CLEAR/RESET FORM