HEALTH and BUILDING STANDARDS COMMISSION

Appeal Application

The Health and Building Standards Commission is legally empowered to:

1) Investigate and advise on the suitability of alternate materials and types of construction
2) Provide reasonable interpretations of the building laws where the meaning may be obscure.
3) Grant variances by a concurring vote of 75% of the members to provisions of Chapters 13, 14, 17 (Article XIII), 28, and 29 of the Code of Ordinances.
4) Recommend new legislation to the City Council. The Commission may recommend approval of minor deviations of the buildings laws in certain cases.

All appeals to the Commission must be within the scope of authority described above. Only those items requested in writing in this appeal will be considered. Any appeal that has been submitted to the Commission for consideration requires action by the Commission. Such appeal may be withdrawn by the applicant, provided the withdrawal request is in writing. **Variance request fee of $150.00 shall be included with application.**

Hearings are open for public attendance. You will be notified of the hearing date.

Address all communications to:
City of Denton, Building Inspections
Health and Building Standards Commission
215 W Hickory Street
Denton, Texas 76201
940-349-8360

Applicant: Fill in below this line. **This application must be typewritten.**

<table>
<thead>
<tr>
<th>Job Address:</th>
<th>Lot</th>
<th>Block</th>
<th>Subdivision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owners Name:</td>
<td>Phone No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designer’s Name:</td>
<td>Phone No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designers Mailing Address:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing Use:</td>
<td>Proposed Use:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Status: Proposed</td>
<td>Under Construction</td>
<td>Completed New Building</td>
<td>Existing Building</td>
</tr>
</tbody>
</table>

Clearly define the reason for the appeal. Submit plans if necessary to illustrate your appeal. Plans submitted with request? Yes ____ No _____

Signature of Owner ____________________________________________
Company Officer ________________________________________________ Title ____________________________

Fee Paid By: Ck# _______ C/C _______ Cash _______
Name of Payee: ________________________________________________
(office use only)