



CLAIM OF APPEAL HOUSING APPEALS BOARD - GRAND RAPIDS, MICHIGAN

1. Address of inspected property: _____
2. Name of person making appeal: _____
3. Address of person making appeal: _____
4. Phone number of person making appeal: (____)____-____ OR (____)____-____
5. If the owner of the property is a corporate entity, please list all other names by which such corporation may be known, including but not limited to proper names, affiliates, and subsidiaries. Also provide the name(s) of any corporate entity owning property in the City of Grand Rapids which shares in common with the owner of the subject property at least one corporate officer or owner: _____

6. How many properties do you (as an individual or corporate entity) own in the City of Grand Rapids: _____
7. Date of the Notice of Violation I am appealing: ____/____/____
8. I am appealing because (Choose One):
 - I need additional time to make the necessary repairs
 - The violation(s) written was not a correct interpretation of the City's Code
 - The violation(s) can be adequately satisfied by other means
 - I am requesting a waiver from the Code
9. How much additional time is needed to complete all repairs:
 - 1-2 months 2-4 months 4-6 months 6-8 months 8-10 months 10-12 months
10. The violation numbers I am appealing for the notice are (be specific): _____

11. My proposed solution to correct the violations is (be specific, i.e., more time): _____

12. Which violation numbers have been completed: _____
13. Have you already been granted an extension by the Housing Appeals Board: No Yes
When was the extension granted: ____/____/____
14. How long have you owned the property: _____(years)
15. I have sought assistance through the following agencies: _____
16. I have attached the \$110 appeal fee. Fee Waiver forms are available for income eligible individuals appealing violations on their owner-occupied, single-family property.

Signature of person making appeal

____/____/____
Date of Birth

1) For this appeal to be considered, the form must be filled out completely and accurately. 2) This form must be received by the City prior to the last appeal date found in the upper right corner of the Notice of Violation. 3) All violations numbers being appealed must be listed in number 10 above.

Mail: 1120 MONROE AVE NW, GRAND RAPIDS, MI 49503 **Fax:** (616) 456-3453 **Email:** codes@grcity.us

City Use Only: Date Received ____/____/____ Last Appeal Date ____/____/____ Recorded by _____ Inspector _____