

BOARD OF APPEALS AND ADVISORS APPEAL APPLICATION FORM

Appeal the decision of the:

Building Official	Date Received:
Fire Marshall	Deposit Paid (\$440)*:
□ Other	Receipt No.:
Application Information	Case No.:
Name of Appellant:	
Home Address:	
Business Address:	
Project Address:	
Project Description:	
Please use the space below to provide a response to the decision you are appealing. Attach additional sheets, if necessary.	
Signature of Appellant Date	

*The deposit of \$440 is an estimate of staff cost for hearing preparation. Should staff cost exceed the initial deposit, you will be notified to replenish the account.

Compliance with Americans with Disabilities Act

The City of Chula Vista, in compliance with the Americans with Disabilities Act (ADA), asks individuals who require special accommodation to access, attend, and/or participate in a City meeting, activity, or service, to request such accommodation at least forty-eight hours in advance for meetings and five days in advance for scheduled services and activities. Please call (619) 691-5272 x3538.