Application to the Mechanical Board of Appeals and Examiners of the City of Sioux Falls

Fee: $65

Case No. _____

1. Name (Applicant): _____ Phone: _____
   Address: _____
2. Address and/or general location of property for which this request is made:
   _____
3. Legal description of property affected: _____
   _____
4. Brief statement of relief sought or the modification desired: _____
   _____
   _____
   _____
   _____
   _____
5. Additional information and records may be requested by the Chairperson or Secretary.
6. To be placed on the agenda, this application, along with all necessary plans and specifications, must be filed with the City Building Services Department no later than five (5) days prior to the scheduled public hearing. If you have any questions, please call 367-8252.
7. The applicant is responsible for bringing plans to the meeting.
8. A COMPLETE PLAN REVIEW IS NOT PROVIDED WITH THIS APPLICATION AND THE CITY ACCEPTS NO RESPONSIBILITY OR DUTY TO REVIEW THIS APPLICATION FOR COMPLIANCE WITH ANY OTHER PROVISION OF THE MECHANICAL CODE OR OTHER CITY REGULATIONS.

This application is authorized by the owner, and authorization to enter the property for inspection purposes is given to the board.

☐ Owner ☐ Contractor ☐ Owner's Representative

_____ _____
Applicant's Signature Date

(Mechanical Department Use Only)

9. Section(s) from which relief is sought: _____

_____

_____

Received By _____

Date: _____

Receipt # _____