

**Application to the Plumbing Board of Appeals and
Examiners of the City of Sioux Falls**

Fee: \$65

Appeal No. _____

Print or Type

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 six (6) days prior to the scheduled public hearing. If you have any questions, please call 367-8253.

7. The applicant is responsible for bringing plans to the meeting.

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

(Plumbing Department Use Only)

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

Received By _____

Date: _____

Receipt # _____