



Department of Planning and Building Safety

749 Main Street Louisville, CO 80027 303.335.4584 www.louisvilleco.gov

BOARD OF APPEALS APPLICATION

CASE NUMBER:

DATE RECEIVED:

This application is hereby made for an appeal of an interpretation of the

_____ code as provided in the International Building Code as adopted.

Owner Name

Address: _____

City: _____ Zip: _____

Phone: (____) _____ - _____

Email: _____

Representative Name (if different than owner)

Address: _____

City: _____ Zip: _____

Phone: (____) _____ - _____

Email: _____

Description of the subject property

Address/Location

Lot _____ Block _____ Subdivision _____

Request (cite the specific section and subsection of the code from which an appeal is being requested):

SIGNATURE BLOCK:

Signature of Owner/Applicant: _____ Date: _____

Printed Name: _____ Phone: (____) _____ - _____

Address: _____

Email Address: _____ @ _____

Preferred Method of Contact: Phone Email