

**City of Suffolk
Community Development
Phone: 757-514-4150
Fax: 757-538-1306**

**Board of Building Code Appeals
c/o Community Development
441 Market Street
Suffolk, VA 23434**

APPLICATION FOR APPEAL

Appellant Information (Name, address and telephone number of applicant for appeal.)

Related Party Information (Name, address and telephone number of others involved.)

Additional Information (To be submitted with this application)

1. Copy of decision or action being appealed.
2. Statement of reason for appeal.
3. Statement of specific relief sought.

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 200__, a completed true copy of the foregoing Application for Appeal, including any additional information required above, was delivered or sent to the Board of Appeals and all related parties listed.

Signature of Applicant: _____

Name (print or type): _____