

## **BENZIE/LEELANAU DISTRICT HEALTH DEPARTMENT BOARD OF APPEALS APPLICATION**

The Purpose of an appeals board is to provide reasonable and equitable interpretations and applications of the provisions of the Sanitary Code. If an owner or interested person is adversely affected by any determination under the District Sanitary Code, the owner or such interested person may request in writing a hearing before the Appeals Board within thirty (30) days of the date of such determination.

### **APPEALS APPLICATION – applications will not be accepted unless they contain all the following information:**

1. Completed application form with the owner's or applicant's signature, notarized and dated.
  - a. Separate applications for each appeal subject must be filed.
2. ***Nine (9) completed copies*** of the application form, with all supporting documents attached, must be filed by the applicant at the Health Department office.
3. In addition to the information required in the appeal application, all appeal applications must also include the following information and data that is applicable:
  - a. The principal points on which the appeal is made; based upon the decision, order, or section of the Code being appealed.
  - b. Supporting data, including plans drawn to scale showing shape, dimensions, construction material, and method of construction. Supporting documents shall depict a clear and accurate description of that portion of the case on which the appeal is based.
4. Any additional information, including reports of independent agencies or professional consultants.

### **APPEAL FEE**

Each application for appeal shall be accompanied by an ***Appeal Fee of \$475.00***  
*(Fees are reviewed and adjusted on November 1<sup>st</sup>)*



**Benzie County Office**  
6051 Frankfort Hwy, Ste 100  
Benzonia, MI 49616

Phone: 231-882-4409  
Fax: 231-882-0143

[www.bldhd.org](http://www.bldhd.org)

**Leelanau County Office**  
8527 E Government Center Rd  
Suite - 007  
Suttons Bay, MI 49682  
Phone: 231-256-0201  
Fax: 231-882-0143

# BENZIE/LEELANAU DISTRICT HEALTH DEPARTMENT - APPEALS BOARD

## APPEAL APPLICATION

**DATE:** \_\_\_\_\_  
**APPLICANTS NAME:** \_\_\_\_\_  
**PHONE/ CELL NUMBER:** \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**MAILING CITY, STATE, ZIP:** \_\_\_\_\_  
**PROJECT NAME:** \_\_\_\_\_

### PROJECT LOCATION

**County:** \_\_\_\_\_  
**Township:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Village/City:** \_\_\_\_\_  
**Property Tax ID #:** \_\_\_\_\_

**Legal Description** (in lieu of writing it out, a copy of the legal description from the register of deeds may be attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### THE APPEAL

Provide a typed or written explanation of why you are appealing the decision. Include all the principal points on which the appeal is made; based upon the decision, order, or section of the Code being appealed and all pertinent documentation. Include the written explanation with all copies of the application.



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## APPEAL APPLICATION

~ Continued ~

*(Attach Additional Sheets as Necessary)*

### APPLICANT'S CERTIFICATE:

*I certify that all information provided in this Appeal Application and its attachments is true and depicts a clear and accurate description of that portion of the case upon which this appeal is based.*

\_\_\_\_\_  
**Signature of Applicant**

**STATE OF MICHIGAN**

**COUNTY OF RESIDENCE** \_\_\_\_\_

*On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_, before me personally appeared the above-named person, who is personally known to me or who have produced identification, has signed this application with full knowledge of its content and that all matter stated therein is true.*

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:** \_\_\_\_\_

**❖ For Board of Appeals Use Only ❖**

**Date of Appeal Hearing:** \_\_\_\_\_

**Disposition or Action by Board:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chairperson:** \_\_\_\_\_ **Date:** \_\_\_\_\_