



Building Board Of Appeals Application

Charter Township of Harrison

Department of Building, Ordinance, Planning & Zoning

38151 L'Anse Creuse St, Harrison Township, MI 48045

www.harrison-township.org

Email: buildingdept@harrison-township.org

Phone: (586) 466-1430

OFFICE USE:

FEES: COMMERCIAL \$250.00 / RESIDENTIAL \$150.00 / SIGN \$75.00

I. Property Information

PROPERTY ADDRESS			TELEPHONE NUMBER		
Owner	Applicant	Permit Holder	NAME OF OWNER PERMIT HOLDER OR APPLICANT		
APPLICANT ADDRESS - IF DIFFERENT THAN PROPERTY ADDRESS			CITY	STATE	ZIP CODE

II. Building Data

GROSS FLOOR AREA					
New Building: _____	Addition: _____	Alteration: _____	Repair: _____		
CLASSIFICATION PER BUILDING CODE					
Building Use : _____	Construction Type: _____	# of Occupants: _____	Area/Floor: _____	# of Floors: _____	

III. Applicable Code

Commercial	Residential	Electrical	Mechanical	Plumbing	Fire	Fence	Sign
CODE SECTION(S)							
DESIRED RELIEF (State Briefly)							
BASE OF APPEAL (State Briefly)							

IV. Reason for Appeal (Per 2015 MRC, Section R112.2)

<p>THE TRUE INTENT OF THE CODE OR THE RULES GOVERNING CONSTRUCTION HAVE BEEN INCORRECTLY INTERPRETED THE PROVISIONS OF THE CODE DO NOT APPLY AN EQUAL OR BETTER FORM OF CONSTRUCTION IS PROPOSED</p>
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Please submit five(5) copies of all documentation with this application.

Note: All applications must have a brief letter included explaining your reasons for requesting an appeal, along with building and site plans, if applicable. Letters for appeals from Code Sections must explain the reason for your request, which Code Section(s) are in question(s), and why you feel those Code Section(s) have been interpreted incorrectly, and explanation of your solution to provide an equal or better means of compliance, or the reason why you feel the Code Section(s) do not apply in your case. Letters for appeals from Harrison Township Ordinance requirements must explain the reason for the request for appeal and why you feel special circumstances exist at your site that require an exception to the Ordinance requirements. Please include any supporting documents you wish to be considered, and copies of anything you have received from the Township.

Note: You have the right to appeal Harrison Township's Building Board of Appeals decision to the State of Michigan. If you choose to appeal this decision, then application must be made within 10 days of the decision to the address listed below, in accordance with Section 16 of 1972 PA 230.

Michigan Department of Labor & Economic Growth, Bureau of Construction Codes
P.O. Box 30255, Lansing, MI 48909
517-241-9328, www.michigan.gov/bcc

V. Applicant Signature

THE UNDERSIGNED ACKNOWLEDGES READING AND UNDERSTANDING OF THIS APPLICATION		DATE
SIGN HERE: _____		
DRIVER'S LICENSE NUMBER	DATE OF EXPIRATION	