



BUILDING CODE BOARD OF APPEALS
APPLICATION FOR APPEAL

Community Development Department
 50 East 2nd North, Green River, WY 82935
 PH: (307) 872-6140 Fax: (307) 872-0510
www.cityofgreenriver.org

PROPERTY & APPLICATION INFORMATION:

Property Address:		Permit #:
Applicant Name:		
Mailing Address:		
City, State, ZIP:		
Contact Phone:	Email:	
Email		

CODE CITATION:

Code(s) (i.e. IRC, IBC, IPC, etc.):	
Code Section(s):	
Date of Decision	Has a stop work order been issued?
Decision that is being appealed:	

APPEAL INFORMATION:

Explain why you are appealing the local jurisdiction's decision and why it should be reversed. Attached additional sheets if necessary.

SUPPORTING DOCUMENTATION:

<input type="checkbox"/>	Written documents
<input type="checkbox"/>	Drawings or plans
<input type="checkbox"/>	Other

I understand that appeals must be filed within 20 days of the decision of which I am appealing and that failure to do so will invalidate the appeal. I hereby certify that I have the authority to make the foregoing application, and that the information given is correct.

APPLICANT SIGNATURE:	DATE:
PRINTED NAME:	

DO NOT WRITE BELOW THIS LINE

BUILDING OFFICIAL INFORMATION:

I understand the applicant is filing an appeal of a code decision with the Green River Building Code Board of Appeals.	
Building Official Name & Title:	
Building Official Signature:	
Building Official Received Date:	
Scheduled Meeting Date:	
Board Decision:	