



Jefferson Township, Cass County, MI
 Application for Construction
 Board of Appeals

24725 Jefferson Center St.
 PO Box 188
 Cassopolis, MI 49031
 O: (269) 445-3941 F: (269) 445-8274
 www.jeffersontownshiponline.org

- The applicant is responsible for completeness and all fees applicable to this application.
- Return completed application, required documents, and **an application fee of \$500.**

CODE UNDER WHICH APPEAL IS SOUGHT				
<input type="checkbox"/> Building		<input type="checkbox"/> Electrical		<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing				
APPLICANT (Note: All correspondence will be sent to this address)				
NAME OF COMPANY			TELEPHONE NUMBER (Include Area Code)	
APPLICANT NAME			E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE	CELL PHONE NUMBER (Include Area Code)
FACILITY INFORMATION: Provide all information requested.				
FACILITY NAME		ADDRESS		
PARCEL ID		COUNTY		
BUILDING DATA: Provide all information requested from the building permit or plan review.				
GROSS FLOOR AREA				
<input type="checkbox"/> New Building _____		<input type="checkbox"/> Addition _____		<input type="checkbox"/> Alteration _____
<input type="checkbox"/> Repair _____				
CLASSIFICATION PER BUILDING CODE				
Building Use _____		Construction Type _____		No. of Occupants _____
				Area/Floor _____
				No. of Floors _____
PERMIT HOLDER: Provide the information requested for the entity named on the permit or entity denied a permit.				
NAME (Company or Individual)		CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS
BUILDING OWNER: Provide the information requested for the entity that owns the building, which is the subject of the appeal.				
NAME (Company or Individual)		CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	EMAIL ADDRESS
SUMMARY OF APPEAL: Attach separate page if necessary.				
CODE SECTION(S) – Provide the code/code sections under which an appeal is sought.			OFFICE USE ONLY	
DESIRED RELIEF - Describe the remedy being sought.			Date Appeal Application Submitted:	
BASIS OF APPEAL – Provide a brief statement why the requested remedy should be granted.			Application Reviewed By:	
			Appeal Hearing Date:	
			Appeal Outcome:	
APPLICANT SIGNATURE				DATE