



**Construction Services & Inspections Division**  
Planning & Economic Development Department

Room 100  
411 West First Street  
Duluth, Minnesota 55802

218-730-5240  
permittingservices@duluthmn.gov

Doc 243-vE120924-1219

### Building Appeal Board Application Form

City of Duluth MN

Submit this form and the items indicated below to Construction Services & Inspections at the address above.

This completed Application form and additional information must be accompanied by the filing fee of \$150 (check payable to City of Duluth). Appeals must be submitted within 15 days of notification of the decision being appealed.

For appeals requesting the stay of a demolition order, the following information is required to be submitted with the application for appeal:

1. Documentation that the owner has dedicated sufficient funds to pay for the repair of the building
2. A valid contract to have the repair completed within 18 months.

Incomplete applications will be determined incomplete and will not be placed on the agenda.

The deadline for application is 14 days prior to the scheduled Building Appeal Board meeting.

Appellant Name: \_\_\_\_\_ Property location: \_\_\_\_\_

Appellant Mailing Address: \_\_\_\_\_  
(street) (city) (state/zip)

Appellant Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### Type of appeal

- |   |   |
|---|---|
| <input type="checkbox"/> Housing Code Order (DLC Chapter 29A) | <input type="checkbox"/> Request Stay of Demolition Order (DLC Section 10-3)                |
| <input type="checkbox"/> Fire Code Order (DLC Chapter 21)     | <input type="checkbox"/> Other Building Official Order (DLC Chapter 10, Articles II or III) |

*NOTE: Appeals to building official decisions administering the MN State Building Code are to the State Appeals Board. See <http://www.dli.mn.gov/about-department/boards-and-councils/state-appeals-board>*

Description of item you are appealing: (ie, specific code section, interpretation or order being appealed)

\_\_\_\_\_

Statement of the matter in controversy: \_\_\_\_\_

\_\_\_\_\_

Relief requested: \_\_\_\_\_

\_\_\_\_\_

*You may use the back of this form or attach other documents to this application if needed.*

**Office Use**  
Date Received  
File No.