

FOR CITY USE ONLY: APPEAL NO.: _____ DATE REC'D _____

CITY OF WICHITA, KANSAS
 OFFICE OF CENTRAL INSPECTION
 BOARD OF CODE STANDARDS AND APPEALS

APPLICATION FOR APPEAL OR CONTRACTOR COMPLAINT HEARING

The undersigned hereby requests the Board of Code of Standards and Appeals, under the authority granted in Sections 18.04.020 and 18.12.140 of the Code of the City of Wichita, to consider the following appeal or contractor complaint:

Project: _____

Address: _____

Brief description of appeal or complaint:

Owner: _____
 (NAME)

 (ADDRESS)

 (PHONE NO.)

Appellant/Complainant: _____
 (NAME)

 (ADDRESS)

 (PHONE NO.)

Architect: _____
 (NAME)

 (ADDRESS)

 (PHONE NO.)

Contractor: _____
 (NAME)

 (ADDRESS)

 (PHONE NO.)

NOTE: Please also fill out the back side of this form for a contractor complaint

CITY USE ONLY

RECORD OF THE BOARD

Date of Hearing _____, 20 _____

Action of the Board:

 Secretary of the Board

 BCSA Chairman

**CENTRAL INSPECTION DIVISION
455 NORTH MAIN
7TH FLOOR
WICHITA, KANSAS 67202
PHONE: (316) 268-4460
FAX: (316) 268-4663**

RECEIPT. NO. (for appeals) _____

ADDRESS OF COMPLAINT/APPEAL

OWNER'S ADDRESS

OWNER'S NAME

HOME PHONE

BUSINESS PHONE

CONTRACTOR'S NAME

CONTRACTOR'S COMPANY NAME

CASE HISTORY - :Please include copies of all contracts, correspondence relating to complaint and alleged violations.

APPELLANT/COMPLAINANT'S SIGNATURE

DATE