

**BUILDING AND FIRE BOARD OF APPEALS**

**APPLICATION FOR**

**APPEAL**                       **RATIFICATION**

**City of Newport Beach  
Building Division**

100 Civic Center Drive, Newport Beach, CA 92660  
(949) 644-3200



- Application is hereby made for an **Appeal** of decisions, determination or interpretation of the Chief Building Official as provided in Chapter 15.80 of the Newport Beach Municipal Code.
- Application is hereby made for **Ratification** of decisions, determination or interpretation of the Chief Building Official as required by California Building Code Section 101.17.11 and Section 204 of the Uniform Administrative Code.
- Application is hereby made for an **Appeal** of decisions, determination or interpretation of the Chief Fire Marshall as provided in Chapter 15.80 of the Newport Beach Municipal Code.

<b>(For staff use only)</b>	
Accepted by: _____	
Case No.: _____	
Fee: <b>\$1,637</b>	
Date: _____	

**PLEASE NOTE:** A completed application (12 copies) must be received no later than four weeks prior to a Board's scheduled hearing to be considered for that hearing.

**PLEASE PRINT IN INK OR TYPE ALL INFORMATION**

*(If more space is required for reply, please attach additional sheets.)*

Building Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
*Street City State Zip*

Contact Person or Applicant:

(if other than owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
*Street City State Zip*

Address or location of property, which is subject of the request: \_\_\_\_\_  
\_\_\_\_\_

Description of any proposed buildings or structures or alterations of existing buildings located or to be located on said premises. Provide permit or plan check number where applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a documentation of unreasonable hardship or a request for modification or alternate methods & materials been filed?    YES \_\_\_\_\_                      NO \_\_\_\_\_  
If Yes, please attach a copy of that request and result if applicable.

Cite specific section and subsection of the California Building Code from which an appeal or ratification is being requested. Attach two sets of all sketches, drawings or diagrams [one full size set and 12 sets no larger than 8 ½ x 14]: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state the action you are appealing or that is to be ratified and the date of the action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Justification (State reasons for your appeal or ratification request. Attach additional sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt No. and stamp: \_\_\_\_\_