

**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, Chapter 1, Division1, Section 1.9.1.5.
- 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.

<i>(For staff use only)</i>	
Accepted by:	_____
Case No.:	_____
Fee:	<b>\$1,715</b>
Date:	_____

**PLEASE NOTE:** A completed application (2 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 8½ 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: \_\_\_\_\_

**Information on Procedure for Appeal from a Determination or Action by the Chief Building Official or Fire Code Official**

Appeal from the determination or action of the Chief Building Official or Fire Code Official or their designated agent may be made to the Building and Fire Board of Appeals. To appeal, the applicant must provide special individual reasons that make compliance with the strict letter of the Code impractical. Appeals or ratifications pertaining to State Disabled Access Standards require complete evidence to substantiate that the proposed design is equivalent to that prescribed by that standards or that due to legal or physical constraints, compliance with the standards or providing equivalency would create an unreasonable hardship.

Appeals must be submitted on the Appeal Form available at Permit Counter accompanied by the proper fee. You will be notified in writing of the appeal hearing's time and date.