



II Centennial Plaza
 805 Central Avenue, Suite 500
 Cincinnati, Ohio 45202
 Monday- Friday 7:30 am- 4 pm
 513-352-1559
Boards@Cincinnati-OH.gov

Office Use Only
Application #: _____
Order #: _____
Date Accepted: _____

NOTICE OF APPEAL TO THE BOARD OF HOUSING APPEALS

SUBJECT PROPERTY

Site Address: _____

Hamilton Co. Parcel ID No.: _____

APPLICANT INFO **PROPERTY OWNER** **OTHER** _____ (AGENT, ATTORNEY, ARCHITECT, ETC.)

Name: _____

Contact Person (if legal entity): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

PROPERTY OWNER INFORMATION **SAME AS ABOVE**

Name: _____

Contact Person (if legal entity): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

RELIEF REQUESTED

Provide a simple statement of the relief requested (*see attached* will not be accepted):

REQUIRED ATTACHMENTS

All notices of appeal require a copy of the issued Order.

All maintenance code based appeals require a written statement of appeal.

All vacant building maintenance license appeals require proof of at least \$300,000 in liability insurance coverage.

All vacant building maintenance license appeals require a development plan.

Written Order Liability Insurance Development Plan Explanation Letter

Bid Estimates Income/ Financing Letter Non-Refundable Application Fee:

\$175 for VBML Waiver or Vacant Foreclosed Property Appeal
 \$100 for PMCE or CRC Appeal

I certify that all statements and documents that I provide with reference to this application are accurate, complete, and true to the best of my knowledge and belief. I further acknowledge that my application will be deemed incomplete for the failure to timely comply with any requirement of this application, which non-compliance may result in delays in the scheduling and resolution of my application.

Applicant Signature: _____ Date: _____