



CITY OF GALLATIN, TENNESSEE  
CONSTRUCTION BOARD OF ADJUSTMENTS AND APPEALS

**Request for Hearing**

Application No: \_\_\_\_\_

Non-refundable Fee: \$250.00

Any person shall have the right to appeal a decision of the Building Official to the Construction Board of Adjustments and Appeals, based on a claim that the true intent of the code or rules legally adopted have been *incorrectly interpreted, the provisions of the code or rules do not fully apply, or an equivalent form of construction is to be used.*

(PLEASE PRINT OR TYPE – use back of application if more space is needed)

Name of applicant: \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Role or title: \_\_\_\_\_

Project location: \_\_\_\_\_

Construction type: \_\_\_\_\_ Occupancy classification: \_\_\_\_\_

**CODE AND SECTION/ARTICLE NUMBER BEING APPEALED:**

\_\_\_\_\_ Building Code      \_\_\_\_\_ Electrical Code      \_\_\_\_\_ Mechanical Code  
\_\_\_\_\_ Plumbing Code      \_\_\_\_\_ Fire Code (NFPA)      \_\_\_\_\_ Property Maintenance Code

Section/Article Number: \_\_\_\_\_

**REASON FOR APPEAL:**

Intent of the code has been incorrectly interpreted: \_\_\_\_\_

Provisions of the code do not fully apply: \_\_\_\_\_

Equivalent form of construction to be used: \_\_\_\_\_

Provide in your own words the reason(s) for your appeal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach to this form any supporting documentation or drawings pertinent to this appeal. Our office will notify you of the meeting date to hear your appeal.

\_\_\_\_\_ Date      \_\_\_\_\_ Applicant's Signature

**Do not write below this line – For City office use only**

Meeting Date: \_\_\_\_\_

Appeal was: Granted \_\_\_\_\_ Denied \_\_\_\_\_ Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Copy to: Applicant  
Building Official