

**Application For Appeal
To The
Board of Housing Quality Appeals
P.O. Box 100
Bloomington, IN 47402
812-349-3420
hand@bloomington.in.gov**

Property Address: _____

Petitioner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **E-mail Address:** _____

Owner's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **E-mail Address:** _____

Occupants: _____

The following conditions must be found in each case in order for the Board to consider the request:

1. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety, and general welfare.
2. That the value of the area about the property to which the exception is to apply will not be adversely affected.

Identify the variance type that you are requesting from the following drop down menu:

Variance Type: _____

Reminder:
A \$20.00 filing fee must be submitted with the Appeal Application or the application will not be considered to be complete! A completed application has to be submitted prior to the meeting application deadline in order to be placed on that months agenda!

(Will be assigned by BHQA)

Petition Number: _____

In the space provided below please write a brief narrative regarding your request. Be specific as to what you are requesting, the reason(s) or justification(s) for your request, the amount of time needed to bring the property into compliance, as well as any modifications and/or alterations you are suggesting. The following information must be included dependent upon the type of variance you are requesting:

- A. An extension of time to complete repairs. (Petition type: TV)
 - 1. Specify the items that need the extension of time to complete.
 - 2. Explain why the extension is needed.
 - 3. Specify the time requested.
- B. A modification or exception to the Housing Property Maintenance Code. (Petition type: V)
 - 1. Specify the code reference number you are appealing.
 - 2. Detail why you are requesting the variance.
 - 3. Specify the modifications and or alterations you are suggesting.
- C. Relief from an administration decision. (Petition type: AA)
 - 1. Specify the decision being appealed and the relief you are seeking.
- D. Rescind a variance. (Petition type: RV)
 - 1. Detail the existing variance.
 - 2. Specify the reason the variance is no longer needed.

Signature (Required): _____

Name (Print): _____ **Date:** _____

Important information regarding this application format:

- 1. This form is designed to be filled out electronically, printed, then returned/submitted manually (e.g. postal mail).**
- 2. This document may be saved on your computer for future use, however, any data that you have entered will not be saved.**