## Fremont County Building & Environment Health Departments

615 Macon Ave., Suite #212 Canon City, Colorado 81212-3390

Telephone: (719)-276-7460 Fax: (719)-276-7461



(For Staff Use Only)
Case Number:
Amount Paid & Receipt #: _\$
Date Received:

## **BOARD OF APPEALS**

(Please Print Legibly or Type)

Application is hereby made for an appeal of an interpretation of the Building Code of Fremont County as provided in Section 112 as adopted.

Owner's Name:				Phone: _(_	)	
(Last N	Name	First Name	Middle Initial) Alternate	Phone: _(_		
Owner's Mailing Addre	ess:					
	(	Street	City		State	Zip Code)
Contact Person: (If other tha	nn owner)	ast Name	First Name			Middle Initial)
	(La	ist ivaille	First Name			widdle iiitiai)
Contact Person's Maili	ng Addre	ess:				
	C	(Street	City		State	Zip Code)
Address or location of	property	which is subject	of the request:			
REQUEST: (Cite specific secti	on(s) and subse	ection(s) of the Building Cod	de from which an appeal is	being requested		
Signature of Owner:			I	Date:		