



# HEALTH and BUILDING STANDARDS COMMISSION

## Appeal Application

The Health and Building Standards Commission is legally empowered to:

- 1) Investigate and advise on the suitability of alternate materials and types of construction
- 2) Provide reasonable interpretations of the building laws where the meaning may be obscure.
- 3) Grant variances by a concurring vote of 75% of the members to provisions of Chapters 13, 14, 17 (Article XIII), 28, and 29 of the Code of Ordinances.
- 4) Recommend new legislation to the City Council. The Commission may recommend approval of minor deviations of the buildings laws in certain cases.

All appeals to the Commission must be within the scope of authority described above. Only those items requested in writing in this appeal will be considered. Any appeal that has been submitted to the Commission for consideration requires action by the Commission. Such appeal may be withdrawn by the applicant, provided the withdrawal request is in writing.

**Variance request fee of \$150.00 shall be included with application.**

Hearings are open for public attendance. You will be notified of the hearing date.

Address all communications to:

City of Denton, Building Inspections  
Health and Building Standards Commission  
215 W Hickory Street  
Denton, Texas 76201  
940-349-8360

**Applicant: Fill in below this line. This application must be typewritten.**

Job Address: _____	Lot _____	Block _____	Subdivision _____
Owners Name: _____	Phone No. _____		
Mailing Address: _____			
Designer's Name: _____	Phone No. _____		
Designers Mailing Address: _____			
Existing Use: _____	Proposed Use: _____		
Job Status: Proposed _____	Under Construction _____	Completed New Building _____	Existing Building _____

Clearly define the reason for the appeal. Submit plans if necessary to illustrate your appeal. Plans submitted with request? Yes \_\_\_ No \_\_\_

Signature of Owner \_\_\_\_\_  
Company Officer \_\_\_\_\_ Title \_\_\_\_\_

Fee Paid By: Ck# \_\_\_\_\_ C/C \_\_\_\_\_ Cash \_\_\_\_\_  
Name of Payee: \_\_\_\_\_  
*(office use only)*