

**Application to the Mechanical Board of Appeals and  
Examiners of the City of Sioux Falls**

**Fee: \$65**

**Case No.** \_\_\_\_\_

1. Name (Applicant): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Address and/or general location of property for which this request is made:

\_\_\_\_\_

3. Legal description of property affected: \_\_\_\_\_

\_\_\_\_\_

4. Brief statement of relief sought or the modification desired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Additional information and records may be requested by the Chairperson or Secretary.

6. To be placed on the agenda, this application, along with all necessary plans and specifications, must be filed with the City Building Services Department no later than five (5) days prior to the scheduled public hearing. If you have any questions, please call 367-8252.

7. The applicant is responsible for bringing plans to the meeting.

8. A COMPLETE PLAN REVIEW IS NOT PROVIDED WITH THIS APPLICATION AND THE CITY ACCEPTS NO RESPONSIBILITY OR DUTY TO REVIEW THIS APPLICATION FOR COMPLIANCE WITH ANY OTHER PROVISION OF THE MECHANICAL CODE OR OTHER CITY REGULATIONS.

**This application is authorized by the owner, and authorization to enter the property for inspection purposes is given to the board.**

Owner

Contractor

Owner's Representative

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

\_\_\_\_\_  
Date

**(Mechanical Department Use Only)**

9. Section(s) from which relief is sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received By \_\_\_\_\_

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

Receipt # \_\_\_\_\_