



**ORANGE COUNTY BUILDING CODES BOARD OF ADJUSTMENTS AND APPEALS**

Instructions to applicant to properly complete an "Appeal from Final Decision of the Building Official"

**A. GENERAL INFORMATION FOR ALL REQUESTS:**

1. You must fill each blank and completely answer each question. **Incomplete applications will not be processed.** This may result in a delay of your hearing. You may want to attach, type or write a brief statement of your problem to better understand and process your complaint.
2. If the applicant is not the owner of record of the property, the owner must sign the application or submit a notarized letter authorizing the applicant to sign it and to act as the agent.
3. Upon receipt, the application will be reviewed by the Division of Building Safety and investigated.
4. The owner or authorized agent will be notified by certified mail of the Board hearing date and time. The deadline for filing an application is two (2) weeks before the next Board meeting at **noon**.
5. Additional information may be required depending on the nature or type of request. The Division of Building Safety will contact the applicant if such further information is necessary.
6. Photos, plans, receipts, letters or other evidence submitted with any request will become part of the Board's hearing record and **will not** be returned to the applicant.
7. The owner or authorized agent **MUST** be present at the scheduled and noticed Board hearing. Once the hearing has been scheduled and noticed, the Board, at its discretion, may take action on the application or continue the case, regardless of whether the applicant or authorized agent is present. IF YOU OR ANY OTHER PERSONS WISH TO SPEAK IN FRONT OF THE BOARD, PLEASE MAKE SURE TO FILL OUT A NOTICE OF INTENT TO SPEAK FORM BEFORE THE BOARD MEETING.

**B. FEES:**

1. Fee Amounts:

(a) Complaint Against a Contractor:

- (1) Commercial..... \$106.00
- (2) One & Two Family Dwelling.... \$ 27.00

2. Application fees are non-refundable once the request has been placed on the Board's Agenda.
3. Please make check payable to: "**Orange County Division of Building Safety**"

**These instructions serve only to provide the reader with information in preparing an official Building Codes Board of Adjustments and Appeals request. The request must be submitted on an original white application obtained by visiting the Division of Building Safety or requesting one by mail. Any reproductions of the official application document will not be accepted, and will be returned to the applicant.**

**For further information, please contact Shirley Wilson at Orange County Division of Building Safety, 201 S. Rosalind Avenue, Orlando, Florida 32801. Our telephone number is (407) 836-2948 and email address is: [Shirley.Wilson@ocfl.net](mailto:Shirley.Wilson@ocfl.net)**



ORANGE COUNTY GOVERNMENT  
 BUILDING CODES BOARD OF ADJUSTMENTS AND APPEALS  
**APPEAL FROM FINAL DECISION OF BUILDING OFFICIAL**

FORM 99-3

I, the appellant named below, hereby appeal a final decision of the Building Official to the Building Codes Board of Adjustments and Appeals ("BCBAA"). ***(Please attach a copy of the Building Official's final decision that is under appeal here. Please note that Orange County employees are prohibited from giving legal advice, and/or assisting with completion of this form. Please complete this form to the best of your ability, and supply as much information as possible.)***

<b>A. APPELLANT</b>				
THE APPELLANT HEREBY REQUESTS THAT THE BCBAA TAKE THE FOLLOWING ACTION REGARDING THE FINAL DECISION:				
<input type="checkbox"/> Reverse the final decision		<input type="checkbox"/> Modify the final decision		
1. LAST NAME	FIRST	MIDDLE	TITLE	SUFFIX
2. RESIDENTIAL OR BUSINESS ADDRESS (Number, Street, City, State and Zip Code)				
3. MAILING ADDRESS, IF DIFFERENT (Number, Street, City, State and Zip Code)				
4. TELEPHONE NUMBER(S) - (Weekday Daytime)		5. E-MAIL ADDRESS		
(    )    -    (    )    -				
6. DATE FINAL DECISION BY BUILDING OFFICIAL (mm/dd/yyyy):				
/    /				
7. DATE YOU RECEIVED FINAL DECISION (mm/dd/yyyy):				
/    /				
<b>B. NATURE OF APPEAL</b>				
8. NATURE OF THIS APPEAL (You may check more than one box, if applicable):				
<input type="checkbox"/> The Building Official has rejected or refused to approve the mode or manner of construction proposed to be followed or materials to be used in the installation or alteration of a building structure or service system.				
<input type="checkbox"/> The provision(s) of the technical code(s) does/do not apply to this specific case.				
<input type="checkbox"/> An equally good or more desirable form of installation can be employed in this specific case.				
<input type="checkbox"/> The true intent and meaning of the technical code or any of the regulations there under has been misconstrued or incorrectly interpreted by the Building Official.				
<input type="checkbox"/> The Building Official has denied or revoked a permit.				
<input type="checkbox"/> The Building Official has denied an application for a certificate of competency.				
<input type="checkbox"/> Other - (Please describe the nature of the appeal) _____				
_____				
_____				

C. LOCATION / SITE	
9. LOCATION OF THE BUILDING, STRUCTURE, OR SERVICE SYSTEM THAT IS THE SUBJECT OF THIS APPEAL:	
10. YOUR RELATIONSHIP TO THE BUILDING, STRUCTURE, OR SERVICE SYSTEM THAT IS THE SUBJECT OF THIS APPEAL. (Check whichever is applicable): <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent <input type="checkbox"/> Other	
11. IF YOU CHECKED "AGENT," PLEASE DESCRIBE THE NATURE OF THE AGENCY AND ATTACH TO THIS DOCUMENT A COPY OF THE AGENT'S AUTHORIZATION TO ACT:	
12. IF YOU CHECKED "OTHER," PLEASE DESCRIBE:	
13. IF YOU DESIRE FOR THE BCBA TO MODIFY THE BUILDING OFFICIAL'S FINAL DECISION, PLEASE EXPLAIN EXACTLY HOW YOU WOULD LIKE THE FINAL DECISION TO BE MODIFIED:	
14. SQUARE FOOTAGE OF BUILDING, STRUCTURE, OR SERVICE SYSTEM (Approximate):	15. HEIGHT OF BUILDING, STRUCTURE, OR SERVICE SYSTEM (In feet and stories):
16. PROPERTY TAX IDENTIFICATION NUMBER: - - - -	
17. NAME OF ARCHITECT/ENGINEER	18. TELEPHONE NUMBER OF ARCHITECT/ENGINEER (   )   -
19. BUSINESS ADDRESS OF ARCHITECT/ENGINEER (Number, Street, City, State and Zip Code)	

**ACKNOWLEDGMENT**

I, the appellant whose name appears above and whose signature appears below, understand that, prior to a hearing before the BCBAA regarding this appeal, the Orange County Division of Building Safety may undertake an investigation of this appeal, including an inspection of the building, structure, or service system that is the subject of this appeal, and may request additional information. I agree that I will cooperate with the investigation and provide any additional information requested.

Furthermore, I understand that I will be notified at least ten (10) days prior to the hearing date. I understand the importance of appearing and stating my case in this appeal, and that if I do not appear, my appeal may be denied by the BCBAA.

Moreover, I understand that I must pay, in advance, a hearing fee of \$26.00 for a petition involving a single-family residence or \$103.00 for a petition involving any other type of building, structure, or service system.

Lastly, I understand that, if applicable, I must attach two (2) copies of sets of plans and/or specifications on 8 1/2" x 11 paper to this appeal, and that a hearing may not be held until this appeal form is completed and, if applicable, two (2) copies of sets of plans or specifications are submitted to the Orange County Building Safety Division.

\_\_\_\_\_  
Appellant Signature

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

SWORN and subscribed to freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, who is known by me to be the person described herein, and who executed the foregoing. He/She is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

My Commission Expires on:  
\_\_\_\_\_