



**MASSILLON BUILDING DEPARTMENT  
CODE ENFORCEMENT DIVISION  
MUNICIPAL GOVERNMENT ANNEX  
151 LINCOLN WAY EAST, MASSILLON, OH 44646  
PHONE 330.809.0235 | FAX 330.830.1782  
[www.massillonohio.gov](http://www.massillonohio.gov)**

**NOTICE OF APPEAL TO THE BOARD OF BUILDING APPEALS**

All notices of appeal must be filed within twenty (20) calendar days of the date found on the written ruling or order.

**Office Use Only**

Application #: \_\_\_\_\_

Permit #: \_\_\_\_\_

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

**SUBJECT PROPERTY**

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

Stark Co. Parcel ID No.: \_\_\_\_\_

**APPLICANT INFO**

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER INFORMATION** ☐ SAME AS ABOVE

Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**RELIEF REQUESTED**

Please provide a brief description of the relief requested ("see attached" is an unacceptable description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED ATTACHMENTS**

\*A copy of the City of Massillon ruling or order you are appealing.

\*A letter detailing the reasons why the Board should grant relief.

\*A \$100.00 application fee payable to the City of Massillon, refundable if the Board rules in your favor.

Required Document Checklist:

☐ Written Ruling or Order ☐ Written Argument Supporting Request ☐ \$100 Application Fee

I certify that all statements and documents that I provide with reference to this application are accurate, complete, and true to the best of my knowledge and belief. I further acknowledge that my application will be deemed incomplete for the failure to timely comply with any requirement of this application, which noncompliance may result in delays in the scheduling and resolution of my application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_