

Application for Administrative Meeting or Appeal Hearing

Application Type (check one):

Date Received: _____

- | | | |
|--|----------|--------------------------|
| <u>Step 1:</u> Administrative Review Meeting with Environmental Health Director | \$109.00 | <input type="checkbox"/> |
| <u>Step 2:</u> Appeal Hearing with Health Officer | \$327.00 | <input type="checkbox"/> |
| <u>Step 3:</u> Appeal Hearing with Board of Health
(Following completion of Step 2 Hearing) | \$436.00 | <input type="checkbox"/> |

Meeting or Appeal Regulatory Area (check one):

- Onsite Sewage Systems/Sewage, Board of Health Ordinance 2008A-1
- Solid/Hazardous Waste, Board of Health Ordinance 2010-1
- Water Supply/Wells, Board of Health Ordinance 1999-6
- Food Service, Board of Health Ordinance 2005-8
- Smoking in Public Places 2013-1

Order or Action for Review or Appeal (attach copy of letter if applicable) and Date of Order:

Reason for Review or Appeal (attach additional pages if needed):

Property Address or Tax Number Related to the Application:

Name of Person Appealing Phone

Mailing Address City State Zip

Signature of Appellant Date

Note: You will be advised of the place and time of the Administrative Hearing. Please submit any technical reports or other exhibits, which the appellant wishes to be considered.

Return this Request for Appeal, together with the appropriate fee. Make checks payable to KPHD.