



Planning, Building & Economic Development Department
26215 Trowbridge, Inkster, Michigan 48141
313.563.9716 • www.cityofinkster.com

CITY OF INKSTER
PROPERTY MAINTENANCE CODE BOARD OF APPEALS
PROCEDURES

The Appeal form shall be submitted in ten (10) copies, filled out completely, and shall be accompanied by a check in the amount of \$300.00 made payable to the City of Inkster.

Any additional information, including reports of accredited testing agencies and accredited authoritative agencies as well as accepted engineering practices, should accompany your appeal.

Failure of the appellant or his authorized agent to appear before the Board as scheduled shall be justifiable cause for dismissal of the case, without prejudice, due to lack of prosecution and with no refund of appeal fee.

The appellant shall be given notice of time and date of hearing not less than five (5) days before such hearing by first class mail unless the appellant shall waive such notice in writing.

The board of appeals shall hear the appeal and render and file its decision with a statement of reasons for the decision with the enforcing agency from whom the appeal was taken not more than thirty (30) days after submission of the appeal.

In accordance with the requirements set forth in Section 111 of the International Property Maintenance Code, as adopted by the City of Inkster, the following applies:

Application for Appeal: Any person directly affected by a decision of the code official or a notice or order issued under this code shall have the right to appeal to the board of appeals, provided that a written application for appeal is filed within twenty (20) days after the day of decision, notice or order was served. An application for appeal shall be based on a claim that the true intent of this code or the rules legally adopted there under have been incorrectly interpreted, the provisions of this code do not fully apply, or the requirements of this code are adequately satisfied by other means, or that the strict application of any requirement of this code would cause an undue hardship.

Notice of Meeting: The board shall meet upon notice from the chairman, within twenty (20) days of the filing of an appeal or at stated periodic meetings.

Open hearing: All hearings before the board shall be open to the public. The appellant, the appellant's representative, the code official and any person whose interests are affected shall be given an opportunity to be heard. A quorum shall consist of not less than two-third (2/3) of the board membership.

Court Review: Any person, whether or not a previous party of the appeal, shall have the right to apply to the appropriate court for a writ of certiorari to correct errors of law. Application for review shall be made in the manner and time required by law following the filing of the decision of the office of the chief administrative officer.

Stays of Enforcement: Appeals of notices and orders (other than Imminent Danger notices) shall stay the enforcement of the notice and order until the appeal is heard by the appeals board.



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**CITY OF INKSTER
PROPERTY MAINTENANCE BOARD OF APPEALS
APPLICATION**

Building Department – 313.563.9716

Application Fee: \$300.00

Note: The applicant is responsible for all fees applicable to this application

Property Owner: _____

Telephone number: _____

Address: _____

City/ Zip: _____

Contact Person: _____

Summary of Appeal:

Code Section under which appeal is sought; Section _____ of the International Property Maintenance Code.

Desired Relief (State Briefly)

Basis of Appeal (State Briefly)

Provide copies of the following as appropriate (see instructions for number of copies)

- Statement of Facts and Reasoning
- Copy of enforcing Agency Determination
- Supporting Material

Code Enforcement Authority;

Enforcing Agency: City of Inkster, 26215 Trowbridge, Michigan 48141
313-563-9716 www.cityofinkster.com

Name of Code Enforcement Officer/Building Official _____



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Applicant (note: All correspondence will be sent to this address)

Name of Company _____ Applicant Name _____

Address _____ City _____

State _____ Zip Code _____ Telephone Number _____

Applicant Signature (Must be an original Signature)

_____ Date _____

