



TOWN OF BEDFORD
Local Board of Building Code Appeals
215 East Main St. (540) 587-6024
www.bedfordva.gov gmciver@bedfordva.gov

APPEAL APPLICATION

Applicant **Date Submitted / Received:** _____

Name: _____

Address: _____

Phone: _____ **E-Mail:** _____

Property Owner

Name: _____

Address: _____

Phone: _____ **E-Mail:** _____

Issued date of decision being appealed: _____

Name of official issuing the decision to be appealed: _____

**PLEASE NOTE THAT A COPY OF THE DECISION TO BE APPEALED MUST BE
SUBMITTED WITH THIS APPLICATION.**

Code Section(s) Referenced: _____

Description of the appeal: _____

Signature of Applicant: _____ **Date:** _____

Office Use Only:

Application received within 30 days of violation notice: Y N Fee Paid: Y N

Copy of Violation Notice attached: Y N Building Official notified: Y N