



You may type on this form, print, and fax to 704-319-9525.

Inspection Appeal Related to Reinspection Fee Charges

Your name: _____ Date: _____
 Company Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
 Fax #: _____ E-mail: _____
 Project Name: _____ Permit Number: _____
 Project Address: _____
 Code Section: _____ B E M P Date of Inspection: _____
 Code Requirement: _____

Nature of Appeal: (In Detail, why you believe installation was code compliant)

OFFICE USE ONLY!

Decision:

Date: _____

Code Administrator: _____

Fax to: Kathleen Batey, Customer Service Representative at 704-319-9525

Notice: Inspection appeal must be submitted within 10 working days of the inspection date. The appeal will be rendered within 10 working days of receipt of the written appeal.