



**DURHAM COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

**Application for Appeal of Improvement Permit Conditions
(Appeals Fee of \$35.00 Due at Time of Submission)**

Applicant Name _____ Phone Number _____
Mailing Address _____ Zip Code _____
Owner Name _____ Phone Number _____

Property Address _____
Subdivision _____ Phase/Section _____ Lot No. _____
Property Location _____
Tax Map Number _____ - _____ - _____ Lot Dimensions/Number of Acres _____

Date of Permit Issue: _____

Permit Issued by: _____

Permit Condition(s) to be Appealed: _____

**Attach Copy of Current Valid Improvements Permit with Proposed
Change(s) Drawn to Scale on Site Map (where applicable)**

**NOTE: Proposed Changes in Building Location(s) must be
clearly marked on site at time of Appeals Site Visit by
Environmental Health Specialist.**

Date: _____ Signature: _____