City of
Santa Monica®

BUILDING AND SAFETY DIVISION
1685 MAIN STREET, ROOM 111
SANTA MONICA, CA 90401
310-458-8355
www.smgov.net/buildingandsafety

APPEAL REQUEST

Appellant's Name:		Phone No.	Fax No.
Street Address	City	State	Zip Code

Nature of Appeal (Indicate all that apply):

☐ Bldg and Safety Administration Policy ☐ Staff Code Interpretation ☐ Staff Enforcement Decision ☐ Habitability Determination
☐ Stop or Suspend Work Order ☐ Revocation Order ☐ Order or Lift to Provide Temporary Relocation Benefits

Description of Appeal Request:

Appellant's Signature:	Date:

Title(s): ☐ Owner ☐ Permit Holder ☐ Contractor ☐ Architect ☐ Engineer

BUILDING AND SAFETY USE

Appeal Received By:	Date Received: / /	Time: A.M. P.M.
Appellant Advised of Appeal Board Schedule:	Meeting Date: / /	Time: A.M. P.M.

Action/Remarks:

Disposition/Determination:

Date: / /