



NOTICE OF NON-COMPLIANCE APPEAL FORM

Property Owner Name:

Property Address Subject to Appeal:

Property Owner's Permanent/Mailing Address (if different from above):

Phone: _____ ☐ Home ☐ Work ☐ Mobile

Email:

Property Status: ☐ Occupied ☐ Vacant

Property is occupied by: ☐ Owner ☐ Residential Tenant ☐ Commercial Entity ☐ Vacant

Do you intend to make repairs to this property? ☐ Yes ☐ No

If yes, please describe the intended repairs:

Date you expect repairs to be completed:

Please explain the reason for your appeal:

OFFICE OF
Planning & Zoning
108 Sherman Street
Telephone (605) 578-
2082
Fax (605) 578-5084



TRENT MOHR
Building Inspector
Dept. of Planning & Zoning
Telephone: (605) 578-
2082
Fax: (605) 578-2084

Property Owner Signature

Date

DRAFT