



# City of Mt. Washington

311 Snapp Street

P.O. Box 285

Mt. Washington, KY 40047

Telephone: (502) 538-4216

## Stormwater NOV Appeal

(ORD. 08-04)

ALL REQUESTS FOR APPEAL MUST BE SUBMITTED WITHIN 15 CALENDAR DAYS OF THE NOV

Case Number: \_\_\_\_\_

Date of Violation Notice: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Reason for Appeal Hearing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Applicant Phone Number: (       ) \_\_\_\_\_

Applicant Email: \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

DATE RECEIVED BY OFFICE:  
\_\_\_\_\_