



Code Violation Appeal Form

Fill out the form and return to the Community Development Department to be scheduled for a hearing before the Board of Zoning Appeals. This form can be submitted online, via email, mailed, or returned in person.

Case number

Code violation number

Applicant name

Description of applicant

Property address

Phone

Email

Nature for requested appeal

Explanation of requested appeal

Signature

Date

If the applicant is to be represented by legal counsel or an authorized agent, please complete the following in order that correspondence and communication pertaining to this application may be forwarded to the authorized individual.

Name of representative

Mailing address

Phone

Email

Contact Information

email

codecompliance@lindsborgcity.org

address

City of Lindsborg

Attn: Community Development Dept.

101 S Main St / PO Box 70

Lindsborg, KS 67456