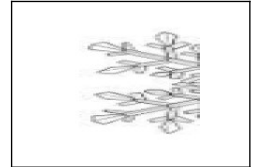


**20__ Sidewalk Shoveling Appeal Application – to be forwarded to the Building Inspector,
41 City Hall Pl., Plattsburgh, NY, 12901 or email to buildinginspector@cityofplattsburgh-ny.gov**



Chapter 233 of the City Code, Section 233.36 F and 233.37(D) provides that: if an owner disputes a citation or an Invoice Notice for city services to clear their sidewalks because of infirmity, disability or other reason not based on a factual or administrative error, said owner may within 30 days of the notice date, they are to send a written appeal to the Public Safety Committee of the Common Council, care of the Building Inspector's Office, which upon receipt of said appeal, shall respond in writing within 14 days.



Please provide the following information to determine your eligibility for this appeal for waiver

First Name _____ **Last Name** _____ **Suffix:** _____

Address _____ **Zip** _____

Telephone Home) _____ **(Caretaker)** _____

Cell Phone _____ **Ok to receive text?** **Yes** **No**

Email Address _____ **Ok to receive email?** **Yes** **No**

Names and Ages of ALL other person's living in owner's property.

_____ **Please check to confirm that no other person in my household can shovel or remove snow from my sidewalk, and I do not have any other person who can assist me.**

Indicate the reason for your appeal. Check all that apply and be prepared to provide evidence of qualification if asked.

_____ **Health conditions prevent me from clearing snow and the household annual income is at or below 50% of area median income, currently \$_____.** If asked, I can verify with a current doctor's note.

_____ **I am able to verify that I receive Social Security Disability.**

_____ **I receive Medicaid benefits due to disability and am prepared to verify disability eligibility.**

_____ **I have been issued a valid mobility handicapped parking permit and can verify medical impairment through proof of current handicapped license plate or a doctor's certification of disability.**

_____ **I was unable to shovel because of temporary infirmity and can verify with a doctor's certification.**

Please provide any narrative or explanation to support your appeal or claim:

Signature _____ **Date** _____