

How to Submit the Notice of Appeal

The Notice of Appeal must be received on or before the final date to appeal, with a copy of the Order and applicable Fee.

Send the completed Notice of Appeal, including a copy of the Order and the Fee, by registered mail or deliver it in person to:

City of Hamilton, Office of the City Clerk
Attention: Property Standards Committee Clerk
71 Main Street West, 1st Floor
Hamilton, Ontario L8P 4Y5

- You must include the non-refundable appeal fee of \$186.00 (\$164.60 plus HST). Cheques or money orders are payable to the City of Hamilton. Do not send cash in the mail.
- Take care to fill out this form by printing legibly.
- Attach a copy of the Order you are appealing to this Notice of Appeal.

Should the Notice of Appeal be received after the deadline to appeal, it will not be processed and it will be returned to the Appellant.

City of Hamilton Resources:

By-law Violations & Appeals: <https://www.hamilton.ca/city-council/by-laws-enforcement/by-law-violations-appeals>

Property Use By-laws: <https://www.hamilton.ca/home-neighbourhood/house-home/property/property-use-by-laws>

**PROPERTY STANDARDS APPEAL
AUTHORIZATION TO ACT AS AN AGENT**

If the property owner/occupant is an INDIVIDUAL:

I/we, _____ *[insert name(s) of Owner(s)],*
the owner(s) of _____ *[insert Address of property]*
authorize _____ *[insert name of Agent]*
to act as my/our Agent for the purposes of the appeal of Property Standards Order
_____ *[insert Order number].*

Signature: _____ Date: _____

Signature: _____ Date: _____

If the property owner/occupant is a CORPORATION:

On behalf _____ *[insert name of the Corporation],*
which owns _____ *[insert Address of property],*
I, _____ *[insert Person authorized to bind the corporation],*
authorize _____ *[insert name of Agent]*
to act as the corporation's Agent for the purposes of the appeal of Order
_____ *[insert Order number]*

Corporation Name: _____

I have authority to bind the corporation.

Signature: _____

Date: _____

Position: _____

CONTACT INFORMATION FOR AGENT:

Name: _____

Email: _____

Mailing Address: _____

Phone Number: _____