

BOROUGH OF CONSHOHOCKEN
Board of Code Appeals Application

This form may be used to file an appeal, an extension of time, or request for variance(s).

Section 1 - Property Location
Property Owner(s) Name:
Property Location:
Violation Number:
Parcel ID#:

Section 2 - Applicant
Contact Person:
Property Address:
City, State & Zip Code:
Phone Number:

Section 3 - Application for Appeal of Code Official Decision
Code Official Name:
Please check which of the following form of the basis of your appeal: <input type="checkbox"/> The true intent of the code was incorrectly interpreted <input type="checkbox"/> The provisions of the code do not fully apply <input type="checkbox"/> The requirements of this code are adequately satisfied by other means

Section 4 - Application for Extension of Time Request
Compliance date requested for time extension: _____ Please detail the reasons for this request. If additional space is required, please attach additional pages. _____ _____

Section 5 - Application for Request of Variance
Code Section: _____ Please attach letter justifying request for variance

(continued onto next page)

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Section 6 - Signatures

My/our signature(s) below certify that all the above information and statements, as well as any other documents or information submitted with and made a part of this applications for review, are true and correct to the best of my/our information, knowledge and belief.

Check this box if you are requesting an in-person meeting

Applicant: _____ Date _____

(Signature)

_____ Date _____

(Signature)