

Filing Date _____ Hearing Date _____
Date Notice of Violation received _____ File Number _____
For Office Use Only

TOWNSHIP OF FALLOWFIELD
9 Memorial Drive
Charleroi, Pennsylvania 15033
724-483-8700

APPLICATION FOR APPEAL TO BOCA APPEALS BOARD

1. Applicant's Name: _____
2. Applicant's Address: _____

3. Applicant's Telephone: _____

If other than owner or responsible person named on a Notice of Violation, attach notarized affidavit stating legal authority to act in the owner's or tenant's behalf.

It is hereby requested that the Board of Appeals hear my appeal from a Notice of Violation alleging violations of one or more BOCA codes as adopted by the Township of Fallowfield.

The land involved:

4. Address or other identification: _____

5. Land Owner's Name: _____
6. Land Owner's Address: _____

7. Land Owner's Telephone: _____

8. The Ordinance involved: _____

Article _____ Section _____ Subsection _____ Par. _____

Article _____ Section _____ Subsection _____ Par. _____

(Attach additional sheets if more space is required).

9. The Action appealed from:

On _____, the Code Enforcement Officer issued a Notice
Of Violation and/or made the following determination and/or imposed the following
requirements:

10. Applicant's Petition:

The Appeals Board should grant the following relief: (Specify all aspects of the Notice of Violation being contested and what action you want the Appeals Board to take. Provisions of the Notice of Violation with which you disagree will not be considered unless you specify that provision here; if you disagree with the entire Notice, you may state "Entire Notice" and enter your arguments under Paragraph No. 11.

11. Applicant's Arguments:

The Appeals Board should grant the relief requested for the following reasons: (If applicable,

set forth separate arguments for each provision of the Notice of Violation you disagree with and specify which argument applies to which alleged violation).

NOTE: Please include all available information. If more space is required, additional information may be attached.

The original application and six (6) copies, along with any other attachments shall be deposited with the Code Enforcement Office.

I, the undersigned Appellant or authorized agent, hereby appeal to the Township of Fallowfield BOCA Appeals Board and aver that the statements made in this application are true and correct, subject to the penalty of perjury.

Signed this _____ day of _____, _____.

Appellant/Authorized Agent Signature

Print Your Name