



APPLICATION TO CONSTRUCTION BOARD OF APPEALS

PERMIT NO. _____
DATE ISSUED _____
Block _____ Lot _____
Subdivision _____

IDENTIFICATION

OWNER:

Name _____

Address _____

Town/State/Zip _____

Business Phone (____) _____

CONSTRUCTION LOCATION:

Name _____

Address _____

Town/State/Zip _____

Home Phone (____) _____

FEE

FEE: \$ _____

(Application will not be considered complete unless accompanied by the appeal fee. Fee shall be waived when appeal is based on failure of agency to act within a specified time frame.)

APPLICANT STATEMENT

Specific section(s) of the Regulations in question:

Briefly state your position in this matter and explain the nature of the relief you seek. (If more space is required, additional pages may be attached.)

The Construction Board of Appeals has 10 business days following the submission of the appeal to make a decision pursuant to N.J.A.C. 5:23-2.37(a).

SIGNED: _____

APPLICANT

DATE