



APPLICATION TO CONSTRUCTION BOARD OF APPEALS

Date Received _____
Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION

Work Site Location _____ Block _____ Lot _____
Owner in Fee _____ Agent _____
Address _____ Address _____
Phone (____) _____ Phone (____) _____

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. 5:23A-2.3

Fee \$ _____
Paid [] Check No. _____
Collected by: _____

SIGNED: _____
APPLICANT DATE

(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.)

*Filing Fee for Passaic County Construction Board of Appeals - \$100.00 per appeal (pursuant to R-01-74 adopted January 23, 2001)

COMPLETED APPLICATION AND CHECK FOR \$100.00 SHOULD BE MAILED TO:
COUNTY OF PASSAIC
ADMINISTRATION BUILDING
OFFICE OF THE COUNTY COUNSEL -ROOM 214
PATERSON, NJ 07505