

MILLERSBURG BOROUGH
101 WEST STREET
MILLERSBURG PA 17061
717-692-2389

APPEAL FORM

Date _____
Appeal No. _____

The undersigned has been aggrieved by the action taken by the Millersburg Borough Code Official and hereby appeals therefrom to the Board of Appeals for review.

This appeal is based on a claim that the true intent of the Code has been incorrectly interpreted, the provisions of this Code do not fully apply, or the requirements of this Code have been satisfied or are adequately satisfied by other means;

The action from the Borough from which this appeal is taken: _____

Address of Violation _____

Date of First Notice of Violation _____

Violations Appealed _____

The grounds for this appeal are as follows: _____

Request for relief: _____

I understand that false information provided on this application may result in a stop work order or revocation of the permit and that false statements herein made also are subject to the penalties of 18 Pa.C.S. Section 4904, relating to unsworn falsification to authorities.

	_____ Name
	_____ Address
_____ Signature of Appellant	_____ Attorney (if any)
_____ Date	_____ Address

NOTE: Appeal must be filed only at Millersburg Borough at the address noted above within thirty (30) days of the first Notice of Violation. A fee of ~~Two Hundred Fifty Dollars (\$250)~~ must accompany your appeal application. *\$375 →*

EXHIBIT "A"