BOROUGH OF WEST GROVE APPEALS BOARD
APPLICATION FOR APPEAL

Application Fee: $450.00

1. Applicant:

Name: _____

Address: _____

_____

Phone: _____ Email: _____
Best Number to reach you.

2. Property Owner: (If different from Applicant)

Name: _____

Address: _____

_____

Phone: _____ Email: _____
Best Number to reach you.

3. Street address of property: _____

4. Tax parcel number of subject property: _____

5. Building use group of subject property: _____

Municipal Office Use Only

Date application received by municipality: _____

Date of municipal BCO review and determination of perfected application: _____

Level of service requested by municipality: _____

Paid / Check Number: _____

Witness Registration Page

Witness Name: _____

Company: _____

Phone Number: _____ Email: _____

Relationship to Petitioner (circle one):

Architect Engineer Contractor Lawyer Other _____

Witness Name: _____

Company: _____

Phone Number: _____ Email: _____

Relationship to Petitioner (circle one):

Architect Engineer Contractor Lawyer Other _____

Witness Name: _____

Company: _____

Phone Number: _____ Email: _____

Relationship to Petitioner (circle one):

Architect Engineer Contractor Lawyer Other _____

Witness Name: _____

Company: _____

Phone Number: _____ Email: _____

Relationship to Petitioner (circle one):

Architect Engineer Contractor Lawyer Other _____