



**STROUD TOWNSHIP
CONSTRUCTION BOARD OF APPEALS**

DATE _____

APPLICANT NAME _____

APPLICANT ADDRESS _____

CITY _____ STATE _____ ZIP _____

APPLICANT PHONE _____ APPLICANT E-MAIL _____

OWNER _____ OWNER ADDRESS _____

ATTORNEY (if any) _____

JOBBSITE ADDRESS _____

DEVELOPMENT _____

PIN # _____

I wish to File an appeal Request extension of time Request a variance
 Request a hearing

Please explain in detail reason for appeal _____

(Please refer to §403.122 for further information)

Signature of Applicant _____ Date _____

Please remit this form along with a check payable to Stroud Township for \$500

For Official Use Only: Date Received _____ Postmark Date _____

Date Building Department Notified _____

Date Appeal Board Members Notified _____

Date Hearing Scheduled _____

Date Appellant Notified _____ Certificate # _____

Building Code Official _____ BCO # _____