

January 2011



BOARD OF SUPERVISORS  
TOWNSHIP OF MARSHALL  
525 PLEASANT HILL ROAD  
SUITE 100  
WEXFORD, PA 15090

PROPERTY MAINTENANCE CODE  
VIOLATION APPEAL APPLICATION  
Revised 7/2009

DO NOT WRITE IN THIS SPACE. OFFICIAL USE ONLY.

Date Received: \_\_\_\_\_

Filing Fee: \*See below

Fee Received By: \_\_\_\_\_

Appeal No. \_\_\_\_\_

Hearing Date: \_\_\_\_\_

**Deadline:** Application must be received within ten (10) calendar days of receiving Notice of Violation/Cease and Desist Order

**\*Fees:**

**Appeal/Application:**

\$150 application fee

\$350 deposit

Consultant Review Fees: Applicant shall comply with the requirements of Section 16 of the Marshall Township Fee Schedule.

From the Deposit referenced above shall be deducted any fees accruing for certified mailings, advertising costs and any other expenditures related to the application/hearing. The applicant and the Township shall share fees for the Stenographer equally, with the applicant's portion deducted from the Deposit.

Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Identification of property involved in the application:

Street Address: \_\_\_\_\_  
\_\_\_\_\_

Plan Name: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Lot/Block: \_\_\_\_\_ Zoning District: \_\_\_\_\_

What violations are you appealing? List section numbers and describe specifically the nature of your request and justification for appeal. [Attach additional pages if necessary].

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Processing Fee:

A check payable to Marshall Township in the amount of Five Hundred Dollars (\$500.00) must accompany each application. (Reference Fee Schedule or see above for breakdown).

What is the applicant's interest in the premises affected?

\_\_\_\_\_

I hereby certify that I am authorized to appeal the Code Enforcement Notice and that all of the above statements and the statements submitted herewith are true to the best of my knowledge and belief.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE APPLICANT IS RESPONSIBLE FOR FILING A COMPLETE AND ACCURATE APPLICATION**