



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4177

Housing Appeals Board Application for Hearing

**Fee: \$150.00
Non-Refundable**

Date: _____
Name of Applicant: _____
Address: _____
Phone: _____
Address of Property: _____
Name of Owner : _____
Address: _____
Phone : _____

STATEMENT: It is requested that the Housing Appeals Board of Appeals Schedule a Hearing on an Appeal from the Decision of the Department of Licensing, Inspections and Permits to:

This Appeal is based on the following factor:

Signature of Applicant: _____

Do not sign form until Applicant is in front of Notary Republic

Commonwealth of Pennsylvania

County of Lackawanna

I, _____, hereby depose and say that all the above statements are true to the best of my knowledge and belief.

Signature: _____

Address: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Republic

My Commission Expires: