



DEPARTMENT OF LICENSING, INSPECTIONS AND PERMITS

CITY HALL • 340 NORTH WASHINGTON AVENUE • SCRANTON, PENNSYLVANIA 18503 • PHONE: 570-348-4193 • FAX: 570-348-4171

**BOARD OF APPEALS APPLICATION**

**Fee: \$300.00  
Non-Refundable**

Date: \_\_\_\_\_  
Name of Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address of Property: \_\_\_\_\_  
Name of Owner : \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone : \_\_\_\_\_

**STATEMENT:** It is requested that the 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:*