

## EAST STROUDSBURG BOROUGH CONSTRUCTION BOARD OF APPEALS

DATE	_	
APPLICANT NAME		
APPLICANT ADDRESS		
СІТҮ	STATE ZIP	
APPLICANT PHONE	APPLICANT E-MAIL	
OWNER	OWNER ADDRESS	<u> </u>
	ATTORNEY (if any) —	
JOBSITE ADDRESS		
DEVELOPMENT		- E
PIN #		
Please explain in detail reas	Request a hearing	
	(Please refer to §403.122 for further information)	
•	payable to East Stroudsburg Borough for \$500	
For Official Use Only: Date Rec	eivedPostmark Date	
Date Building Department Notifi	ed	
Date Appeal Board Members N	otified	<del></del>
Date Hearing Scheduled		
Date Appellant Notified	Certificate #	87
Building Code Official	BCO#	