

**BOROUGH OF WEST GROVE APPEALS BOARD  
APPLICATION FOR APPEAL**

**Application Fee: \$450.00**

1. Applicant:

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Best Number to reach you.

2. Property Owner: (If different from Applicant)

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Best Number to reach you.

3. Street address of property: \_\_\_\_\_

4. Tax parcel number of subject property: \_\_\_\_\_

5. Building use group of subject property: \_\_\_\_\_

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**Municipal Office Use Only**

Date application received by municipality: \_\_\_\_\_

Date of municipal BCO review and determination of perfected application: \_\_\_\_\_

Level of service requested by municipality: \_\_\_\_\_

Paid / Check Number: \_\_\_\_\_

**Witness Registration Page**

Witness Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Petitioner (circle one):

Architect      Engineer      Contractor      Lawyer      Other \_\_\_\_\_

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Witness Name: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Petitioner (circle one):

Architect      Engineer      Contractor      Lawyer      Other \_\_\_\_\_

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Witness Name: \_\_\_\_\_

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