

**TOWNSHIP OF BERN
Municipal Building
1069 Old Bernville Road
Reading, PA 19605
610.926.2267**

APPLICATION FOR HEARING TO THE CODE APPEALS BOARD

(Please print or type.)

1. Name of Appellant(s): _____
2. Address and Telephone No. of Appellant(s): _____

3. Location of Affected Property: _____
4. Type of Hearing Requested (check one or more):
_____ appeal from enforcement notice and/or stop work order
_____ appeal from any other permit, notice, determination, order, rule or regulation
_____ request for permitted modification and/or waiver
5. List all applicable provisions of the Code of the Township of Bern and any national code adopted by the Township: _____
6. List and describe any notice, order, permit and/or determination which is the subject of this hearing:

7. Describe the relief which you are asking the Code Appeals Board to grant to you:

8. State the reasons why the Code Appeals Board should decide your case in your favor:

The undersigned, CONSISTING OF ALL OWNERS OF THE AFFECTED PROPERTY, do(es) hereby request a hearing before the Code Appeals Board as stated above and testify and state that the information contained herein is true and correct.

Signatures of Appellants: _____

Do not write below this line.

APPEAL FEE of \$ _____ received on _____ by _____
Case No. Assigned: _____ Hearing Date and Time: _____

EXHIBIT "A"