



Board of License and Inspection Review Appeal Application

Appeal must be signed by appellant or by attorney representing appellant. Representation by attorney is not required unless you are a corporation or LLC. An appeal to the Board of License and Inspection Review must be submitted by mail or in-person within thirty (30) days of the **first** notice of violation. Please attach this appeal form along with any notice or letter from which you are appealing. If you comply with the orders of the Department at any time after this application is filed, please notify the Board in writing at the above address or by email at boardsadmin@phila.gov.

Type of Appeal
Select the appeal type.

1

☐

Building Permit*

☐

Violation*

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Notice*

*A copy of the building permit, violation or notice must be attached with this application.

Violation / Refusal Information

Provide information about the violation / refusal.

2

Date of Violation / Notice: _____ Violation / Notice Appealed: _____

Property Address

Provide the address of the property in question

3

Address: _____

Appellant Information

Identify who is filing the appeal and their contact information.

4

Appellants Name: _____

Appellant's Address: _____

Street Address

City

State

Zip

Phone: _____ Email: _____

Attorney Information

Identify the attorney's name and address (if applicable).

5

Attorney Name (if applicable): _____

Attorney's Address: _____

Street Address

City

State

Zip

Phone: _____ Email: _____

Reason for Appeal

Please select one that applies

6

Not Responsible

Need more time

Disagree with violation and/or action

Additional Information

Provide explanation of the grounds for an appeal.

7

Declaration & Signature

I certify that I am familiar with the subject property and that the information provided herein is true and factual, and that I am the owner or am authorized by the owner to act on their behalf on this appeal.

Appellant Signature: _____ **Date:** _____

OFFICE USE ONLY

CASE NUMBER:

APPEAL DATE:

HEARING DATE:

HEARING TIME: