



**CITY OF MARTINSBURG**  
WEST VIRGINIA

A NON-REFUNDABLE \$100.00 FILING FEE SHALL ACCOMPANY EACH APPEAL PETITION

CITY OF MARTINSBURG  
CODE APPEALS BOARD

Date Filed: \_\_\_\_\_

Appeal No.: \_\_\_\_\_

PETITION FOR APPEAL

To: CITY OF MARTINSBURG  
CODE APPEALS BOARD  
232 N. Queen Street  
Martinsburg, West Virginia 25401

Date: \_\_\_\_\_

Name of Owner or Authorized Agent: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Location of Structure or Building: \_\_\_\_\_

In compliance with \_\_\_\_\_ the Municipal Code for the City of  
Martinsburg, I/We hereby request a hearing before the Code Appeals Board and as grounds therefore  
state as follows: (Please state the reasons for this request and the relief which you are requesting):

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Sworn to me this \_\_\_\_\_

day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
(Appellant's Signature)

\_\_\_\_\_  
(Notary)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_, To wit:

I, \_\_\_\_\_, a Notary Public of said County, do hereby  
certify that \_\_\_\_\_, whose name is  
signed to the writing above, bearing the date this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_,  
has this day acknowledged the same before me in my said County.

Given under my: hand (and official seal) this \_\_\_\_\_ day of \_\_\_\_\_, 2000.

My commission expires: \_\_\_\_\_.