



THE City OF Martinsburg

For Official Use Only	
CAB Case #:	
Hearing Date:	
Amount Paid:	\$
Date Paid:	

Planning Department * 232 N. Queen Street * Martinsburg, WV 25401 * 304.264.2131

CODE APPEALS BOARD APPLICATION FOR CODE APPEAL

NOTES:

1. Please legibly print or type the following application in its entirety.
2. Incomplete applications will not be accepted.
3. A non-refundable fee of \$100 is due upon submittal of application.
4. An application for appeal shall be based on a claim that true intent of this code or the rules legally adopted thereunder have been incorrectly interpreted, the provisions of this code do not fully apply, or the requirements of this code are adequately satisfied by other means (ref: 2009 IPMC, Section 111.1).

SECTION ONE: Please provide all general information below.

APPLICANT INFORMATION (OWNER'S AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION.)	
Contact Name:	
Firm/Company:	
Address:	
Phone:	email:
Photo ID (provide one form): <input type="checkbox"/> Drivers license <input type="checkbox"/> Other: _____	
OWNER INFORMATION	
Name:	
Firm/Company:	
Address:	
Phone:	email:

All correspondence will be sent to the applicant. If the owner also wishes to receive a copy, please check box:

SECTION TWO: In the area below, specify the code requirement(s) and the basis of appeal.

Location of property/premises:		
Requirement(s) of notice/order issued:		
Relief sought:		
Basis of appeal (applicant MUST select from the criteria below):		
<input type="checkbox"/> True intent of this code/rules have been incorrectly interpreted.	<input type="checkbox"/> The provisions of this code do not fully apply.	<input type="checkbox"/> The requirements of this code are adequately satisfied by other means.

STATEMENT OF APPELLANT

TO: THE CODE APPEALS BOARD

Referring to the application for code appeal, I submit the following factual statements to support the basis for granting the appeal (as selected in Section 2 above):

BASIS OF CODE APPEAL
<i>Section 111.1 requires that a written application for appeal be filed within twenty (20) days after the day the decision, notice, or order was served. An application for appeal shall be based on a claim that true intent of this code or the rules legally adopted thereunder have been incorrectly interpreted, the provisions of this code do not fully apply, or the requirements of this code are adequately satisfied by other means. <small>(Please respond to each condition statement in the area provided - use additional paper if necessary.)</small></i>
(a) That the true intent of this code/rules have been incorrectly interpreted.
(b) That the provisions of this code do not fully apply.
(c) That the the requirements of this code are adequately satisfied by other means.

I hereby attest that the information provided on and attached to this application is complete and correct.

Signature of Appellant

Date

AFFIDAVIT OF OWNERSHIP (To be used if Appellant is not the Owner)

STATE OF WEST VIRGINIA
COUNTY OF BERKELEY, as: _____ being duly sworn deposes and
(Owner's Name)

says that he/she resides at _____ in the

City of _____ and State of _____, and

1. that he/she is the owner of all that certain lot, place or parcel of land situated, lying and being in the County of Berkeley aforesaid and known and designated as _____,
2. that the statement of fact contained in the application are true, and
3. that he/she hereby authorizes _____ to make said application in his/her behalf.
(Appellant's Name)

Sworn to me, this ____ day of _____, 20____.

(notary) _____
(Owner's Signature)