



**Municipality of Norristown**  
**Department of Buildings & Code Enforcement**  
 235 East Airy Street Norristown, PA 19401  
 Phone: (610) 270-0441 Fax: (610) 279-7548



## Violation Ticket Appeal Application

**APPEAL INSTRUCTIONS:**

Any individual or organization wishing to appeal a Violation Ticket issued by the Municipality of Norristown must do so by completing this appeal application and submitting it to the Norristown Department of Buildings and Code Enforcement. Please call 610-270-0441 with any questions.

**PROPERTY INFORMATION:**

<b>Property Address:</b>					
<b>Occupancy Type:</b>	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Rental Property	<b>Building Type:</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial
<b>Violation Number:</b>	<b>V-</b>	<b>Violation Fee Amount:</b>			
<b>QOL Violation Number:</b>	<input type="checkbox"/> QOL # 01	<input type="checkbox"/> QOL # 02	<input type="checkbox"/> QOL # 03	<input type="checkbox"/> QOL # 04	<input type="checkbox"/> QOL # 05
	<input type="checkbox"/> QOL # 06	<input type="checkbox"/> QOL # 07	<input type="checkbox"/> QOL # 08	<input type="checkbox"/> QOL # 09	<input type="checkbox"/> QOL # 10
	<input type="checkbox"/> QOL # 11	<input type="checkbox"/> QOL # 12	<input type="checkbox"/> QOL # 13	<input type="checkbox"/> QOL # 14	<input type="checkbox"/> QOL # 15
<b>Property Owner Name:</b>					
<b>Mailing Address:</b>					
<b>City/State:</b>				<b>Zip Code:</b>	
<b>Primary Phone:</b>			<b>Cell Phone:</b>		
<b>Email:</b>					

**REASON FOR YOUR APPEAL (Please use additional sheets if necessary)**

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Please attach and submit any supporting documents and/or materials you feel will strengthen your appeal. Once received, you will receive written notification from the Municipality of Norristown within 7-10 business days.

The undersigned is the owner of the property listed above or an authorized agent to act on behalf of the owner and the information provided in this Application is true and correct to the best of my knowledge, information and belief and that these statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsification to authorities.

X \_\_\_\_\_  
 Property Owner / Authorized Agent

\_\_\_\_\_  
 Date

**FOR OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_

**Appeal Request:**  Approved  Denied

# of Violations Issued to Property: \_\_\_\_\_ Outstanding Fees:  Yes  No

Amount: \$ \_\_\_\_\_

Code Enforcement Manager Signature: \_\_\_\_\_

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

Code Compliance Inspector Signature: \_\_\_\_\_

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