



**COUNTY OF BERGEN
CONSTRUCTION BOARD OF APPEALS**

Fourth Floor • One Bergen County Plaza • Hackensack, N.J. 07601-7076
Tel. (201) 336-6453 Fax (201) 336-6449

James J. Tedesco III
County Executive

Appeal Application Check List

Appeals shall be filed by the 15th day after receipt by the person of written notice of the ruling action order or notice complained of, or, in the case of inaction by a local enforcing agency, by the 15th day after the expiration of the period allowed for action by the local enforcing agency. N.J.A.C. 5:23-2.1, 5:70-2.19. Imminent hazard cases are governed differently by N.J.A.C. 5:70-2.19(c). Municipal Ordinances cannot be appealed to this Board.

1. UCC APPLICATION TO CONSTRUCTION BOARD OF APPEALS – filled out in its entirety
2. BERGEN COUNTY SUPPLEMENTAL APPLICATION – filled out in its entirety
3. APPEAL APPLICATION FEE - check or money order only, payable to the "County of Bergen"
4. NOTICE/DECISION(S) BEING APPEALED
5. A SEPARATE SHEET OF PAPER – NATURE AND DATE OF THE ACTION YOU ARE APPEALING FROM, THE BASIS OF THE APPEAL, THE RELIEF YOU ARE SEEKING
6. PROVIDE 10 (TEN) COLLATED AND STAPLED COPIES OF ALL MATERIAL
7. PROVIDE PROOF THAT A COMPLETED APPEAL APPLICATION HAS BEEN GIVEN TO THE LOCAL ENFORCING AGENCY - THIS IS PART OF YOUR APPLICATION FOR APPEAL TO THIS BOARD

**** INCOMPLETE APPEAL APPLICATIONS WILL BE RETURNED****

COMPLETION AND FILING INSTRUCTIONS

1. Fill out the "Application to Construction Board of Appeals" and this "Supplemental Application," in their entirety as well as the requested addendum. Please print or type and attach a copy of the local enforcing agency's written Notice/Decision being appealed and any other documentation pertinent to the appeal which you will rely on at the hearing. THIS CONSTITUTES A COMPLETE APPLICATION. INCOMPLETE APPLICATION'S WILL BE RETURNED FOR CORRECTION WITHOUT BEING LISTED FOR HEARING.

2. Send ORIGINAL AND TEN (10) COLLATED, STAPLED COPIES (one for each member of the Board) of your **complete application**, together with Filing Fee (see Fee Schedule attached)

Construction Board Secretary
Bergen County Construction Board of Appeals
One Bergen County Plaza, Fourth Floor
Hackensack, New Jersey 07601-7076
Tel: 201-336-6453; Fax: 201-336-6449

3. Simultaneously with the filing of an application for a hearing, the person filing the application shall provide a copy thereof to the local enforcing agency. PROOF OF COMPLIANCE WITH REQUIREMENT SHALL BE FILED WITH THE BOARD SECRETARY.

Note: An appeal from the decision of the local enforcing agency under the Uniform Construction Code must be taken by the 15th day after receipt by the person of written notice of the ruling, action, order or notice complained of, or, in the case of inaction by a local enforcing agency, by the 15th day after the expiration of the period allowed for action by the local enforcing agency. 24-hours in cases of imminent hazard under the Uniform Fire Code.

The Bergen County Construction Board of Appeals meets the second Thursday of each month. A complete application must be received at least 14 days prior to a meeting in order to be placed on an upcoming agenda. Meeting notices are mailed out two weeks before the meeting. Special meetings, upon request, will be at the Board's discretion.

No adjournment shall be granted without the consent of the local enforcing agency having jurisdiction in any cases involving issues of life safety in an occupied building.

In all cases, the Board shall have the power to administer oaths and to issue subpoenas to compel the attendance of witnesses and the production of relevant evidence. The provisions of the "County and Municipal Investigations Law, P.L. 1953, c.38 (N.J.S.A. 2A:67a-1 et seq.) shall apply.

FEE SCHEDULE

The Bergen County Construction Board of Appeals shall be governed by the following fee schedule as per N.J.A.C. 5:23A-2.1(e):

FIRE LANE (MOTOR VEHICLE)	\$ 10.00
1, 2, 3 FAMILY RESIDENTIAL	\$ 50.00
MULTIFAMILY AND HIGH RISES	\$100.00
COMMERCIAL PROPERTY	\$100.00

MAKE CHECKS PAYABLE TO "COUNTY OF BERGEN"
PLEASE NOTE: CASH IS NOT ACCEPTED



APPLICATION TO CONSTRUCTION BOARD OF APPEALS

IDENTIFICATION

County of Bergen
Construction Board of Appeals
One Bergen County Plaza, Fourth Floor
Hackensack, New Jersey 07601-7076
(201) 336-6453; Fax (201) 336-6449

Date Received: _____
Date Issued: _____
Violation #: _____
Permit #: _____

IDENTIFICATION

Work Site Location _____
Owner in Fee _____
Address _____
Telephone _____

Block _____ Lot _____
Agent: _____
Address _____
Telephone _____

APPLICANT STATEMENT

Specific section(s) of the Regulation in question:

Briefly state your position in this matter and explain the nature of the relief you seek.
(If more pages required, additional pages may be attached.)

The Construction Board of Appeals has 10 business days following the submission of the appeal to make a decision pursuant to N.J.A.C. 5:23-2.37(a)

Fee \$ _____
Paid [] Check No. _____
Collected By _____

Signed: _____
(APPLICANT/AGENT)

DATE _____

Application will not be considered complete unless accompanied by the appeal fee. Fee shall be waived when appeal is based on failure of agency to act within a specified time frame.



**COUNTY OF BERGEN
CONSTRUCTION BOARD OF
APPEALS
SUPPLEMENTAL APPLICATION**

I, _____ in accordance with the State Uniform Construction Code Act, N.J.S.A. 52:27D-119 et seq. (P.L. 1975, c 217) hereby make application for a hearing before the Bergen County Construction Board of Appeals. PLEASE NOTE: On separate sheet of paper, please give Statute under which appeal is being brought, the nature and dated of the action appealed from; and the basis of the appeal for the below listed property. **ZONING ISSUES AND MUNICIPAL ORDINANCE VIOLATIONS ARE NOT HEARD BY THIS BOARD.**

1. Street Location _____

Block(s) _____ Lot(s) _____

Municipality _____

2. Property Owner's Name and Address: _____

_____ Daytime telephone _____

3. Applicant/Agent's Name and Address: _____

_____ Daytime telephone _____

4. List of Names and Purposes of any and all Witnesses to be called by Applicant

5. Date and Form of Decision (check written or oral) from enforcing agency being appealed. If written, attach a copy.

Date _____ Written _____ Oral _____

Name of Enforcing Agency Official & Title _____

I, _____, do hereby attest to the above information being true and correct and that all parties have been properly served.

APPLICANT/AGENT

DATED