

**APPLICATION TO CONSTRUCTION
BOARD OF APPEALS**

County of Hudson
Construction Board of Appeals
830 Bergen Avenue, 6B
Jersey City, NJ 07306
(201) 369-4340

Date Issued: _____
Control Number: _____
Permit Number: _____
Date Permit Issued: _____
Notice Date: _____
Violation Number: _____

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.)

Fees \$ _____
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 a time frame.

**COUNTY OF HUDSON
CONSTRUCTION BOARD OF APPEALS**

595 County Avenue
Secaucus, New Jersey 07094
Tel: (201) 369-4340
Fax: (201) 369-4346

THOMAS DESIGE
County Executive

*******Demetrio A. Arencibia PE, PP**
****** Board Secretary*

Appeals shall be filed by the 15th day after receipt by the person of written notice of the ruling action, order or notice of complaint 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. 5:23A2.1, 5:70-2.19. Imminent hazard cases are governed differently by N.J. A.C. 5:70(c). Municipal Ordinances cannot be appealed to this Board.

Appeal Application Check List

1. PROVIDE PROOF OF THE DATE YOU RECEIVED THE VIOLATION THAT YOU ARE APPEALING, POSTMARK SIGNATURE RECEIPT, ETC.
2. UNIFORM CONSTRUCTION CODE APPLICATION TO CONSTRUCTION BOARD OF APPEALS - filled out in its entirety
3. HUDSON COUNTY SUPPLEMENTAL APPLICATION - filled out in its entirety.
4. APPEAL APPLICATION FEE - check or money order; payable to the "county of Hudson"
5. NOTICE/DECISION(S) BEING APPEALED.
6. 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.
7. PROVIDE 9 (NINE) COLLATED AND STAPLED COPIES OF ALL MATERIALS
8. 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

APPLICATIONS WILL BE PERMITTED TO HAVE UP TO TWO ADJOURNMENTS, TO BE AGREED TO BY THE APPLICANT AND THE MUNICIPALITY. IF THE MATTER IS NOT HEARD AFTER TWO ADJOURNMENTS IT WILL BE DISMISSED WITHOUT PREJUDICE.

**** Incomplete appeal applications will be returned ****

COUNTY OF HUDSON
DIVISION OF 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 Hudson County Construction Board of Appeals. **PLEASE NOTE:** On a separate sheet of paper, give Statute under which appeal is being brought, the nature and date 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 _____ Permit # _____
Permit Issuance date _____
2. Property Owner's Name & Address: _____
_____ Daytime telephone _____
3. Applicant/Agent's Name & Address: _____
_____ Daytime telephone _____
4. List of Names and Purpose 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 copy.
Date _____ Written _____ Oral _____
Name of Enforcing Agency Official & Title _____

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 NINE (9) COLLATED, STAPLED COPIES (one for each member of the Board) of your **complete application**, together with Filing Fee. Send Fee Schedule to:

Hudson County Construction Board of Appeals
Attention: Demetrio A. Arencibia
595 County Avenue
Secaucus, NJ 07094
Tel: 201 369-4340 Fax: 201 369-4346

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.

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

COMMERCIAL/RESIDENCE \$ 100.00

MAKE CHECKS PAYABLE TO "COUNTY OF HUDSON"
Please note: CASH IS NOT ACCEPTED

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

APPLICANT/AGENT

DATE

COMPLETED APPLICATION CHECKLIST

1. Is today's date within 15 days from the date the person received notice of the decision or action being appealed? Yes _____ No _____
2. Did the appellant provide proof that the enforcing agency that the enforcing agency has received a copy of the appeal? Yes _____ No _____
3. Did the appellant list a specific section of the regulation which he is appealing? Yes _____ No _____
4. Has the appellant paid the application fee? Yes _____ No _____
5. Has the appellant attached a copy of the notice/decision being appealed? Yes _____ No _____

A no answer to any question automatically rejects the application as being incomplete.