

## **TOWN OF KILLINGLY**

## DEPARTMENT OF BUILDING & HOUSING INSPECTION 172 MAIN STREET, KILLINGLY, CT 06239

TEL: 860-779-5315 FAX: 860-779-5381

## **APPLICATION FOR APPEAL**

Filing Fee of \$100.00 payable to the Town of Killingly must be submitted with this application

Date:				
ist Property Address:				
Applicant's Name:		Telephon	e:	
Applicant's Address	City	State	Zip	
Name of Owner(s) if different from App	licant	Telephon	e:	
Date of Violation Notice Coc		Code Section (as noted in Violation Notice	de Section (as noted in Violation Notice)	
Nature of Violation:				
Date of Waiver Pending Correction:		Expiration Date of Temporary WPC:	Date of Penalty Notice:	
Reason For Appeal (Attach add	itonal sheet if ne	eeded):		
ate:	Signature of A	Applicant		
	DO NOT WRITE B	BELOW - DEPARTMENT USE ONLY		
Date Payment Received:	AND REAL PROPERTY AND REAL PROPERTY.	Check:	Rec'd by:	
Pate Payment Received:	Cash:		nee a by.	