



PLEASE PRINT

PER - 3007

Department of Planning, Engineering & Regulatory Services

APPEAL FORM
ST. JOHN'S LOCAL BOARD OF APPEAL

Property Location

SECTION 1

Civic Address

Suite/Floor Subdivision Lot #

Parcel ID/Roll # Date (yyyy-mm-dd)

Contact Information

SECTION 2

Applicant Name Email

Mailing Address Postal Code

Telephone (Home) (Work) (Cell) (Fax)

Applicant Information

SECTION 3

Applicant Name

Description/Location of Application

Council/Staff Decision on the Application

Date of Council/Staff Decision (yyyy-mm-dd)

Grounds for Appeal (please attach additional pages as necessary)

Privacy Notice

SECTION 4

Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed to Randy Carew, Manager, Regulatory Services Division, by email: building@stjohns.ca or by phone 709-576-8565.

Applicant Declaration

SECTION 5

Note: The grounds or reasons for the appeal must be indicated. There is a [fee](#) to file an Appeal (HST included). The appeal will not be registered unless the appeal fee is paid. The appeal fee is refunded only when the appeal is successful.

Signature _____ Date (yyyy-mm-dd) _____

Please mail completed form to:

Access St. John's
10 New Gower Street
P.O. Box 908
St. John's NL A1C 5M2

Email: service@stjohns.ca
Fax: 709-576-7688
Call: 311 or 709-754-2489