

APPLICATION NO. _____

DATE: _____

ZONING HEARING BOARD
Petition of Appeal to Zoning Hearing Board

TOWNSHIP USE ONLY
Date Received Stamp

PLEASE FOLLOW ALL INSTRUCTIONS ON THE BACK OF THE APPLICATION. WHEN FILING AN APPLICATION TO THE ZONING HEARING BOARD, EIGHT (8) COPIES OF ALL EXHIBITS MUST BE INCLUDED. ALSO, NAMES AND ADDRESSES OF ALL ADJACENT PROPERTY OWNERS MUST SUBMITTED. APPLICATIONS SUBMITTED WITHOUT THIS INFORMATION WILL BE CONSIDERED INCOMPLETE

Appellant _____

Appellant Address _____

Attorney (if any): _____

Attorney Address _____

Location of Property: _____

Tax Parcel Number: 27- _____ Zoning District: _____

Address of Property: _____

Owner of Property: _____

Address of Owner: _____

If Appellant is not the owner of the property, please describe the appellant's relationship to the property: _____

Brief description of the property and the structures on it: _____

Complete description of proposed changes: _____

Reason for Appeal (check all that apply):

Special exception: Variance: Dispute zoning officer decision:

Provision(s) of zoning ordinance to be appealed: _____

Signature of Appellant: _____

Note: See instructions on back

