

APPLICATION FOR A ZONING PERMIT OF APPEAL
REQUIRING ACTION BY THE ZONING HEARING BOARD

TYPE OF ACTION REQUIRED (Check One:) Special Use _____ Variance _____
Appeal _____ Interpretation _____

DATE: _____ SPECIAL APPLICATION NO. _____

1. The name and address of Applicant is: _____
2. The name and address of Applicant's attorney is: _____
3. The interest of Applicant is: _____
4. If Applicant is not the "owner", then furnish the name and address of the owner: _____
5. The subject property is described, located and used as follows (if necessary, attach map or sketch): _____
6. The (interpretation) (special use) (relief through variance) (appeal) sought by Applicant citing the present zoning classification of property and the section of the Zoning Ordinance under which this Applicant is submitted: _____
7. The grounds for (appeal) (interpretation) (special use) (variance) are: _____
8. Attach a true copy of any prior order, requirement, decision, or determination of the Building Inspector and/or the Board.

Signature of Applicant

DATES: _____ Fee: \$ 400.00 Date _____
Received: _____ Notices: _____
Publication: _____
Hearing: _____ Referred to Planning Comm. _____
Order: _____ Planning Commission Action _____

BOARD OF ZONING APPEALS

Approved _____ Date _____ Disapproved _____ Date _____