

Do Not Write in This Space. For Office Use Only

Date Hearing Advertised _____ Appeal No. _____

Fee Paid _____ Receipt No. _____ Date _____

**ZONING BOARD
Township of Mt. Pleasant
NOTICE OF APPEAL**

(I) (We) _____ of _____
(name) (mailing address)

request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Zoning Officer on _____, 20____, for the reason that it was a matter which in the opinion of the Zoning Officer should properly come before the Board.

An interpretation a special exception a variance is requested to Article _____, Section _____, subsection _____, paragraph _____ of the Zoning Ordinance for the reason that:

It is an appeal for an interpretation of the ordinance or map.

It is a special exception to the ordinance on which the Zoning Hearing Board is required to pass

It is a request for a variance relating to the area frontage yard height use or provisions of the ordinance

(state, if request is for purpose other than those enumerated)

Provisions of the Ordinance

The description of the property involved in this appeal is as follows:

Location: _____

Parcel #: _____

Lot Size: _____ Present use: _____ Zone District: _____

Present improvements upon land: _____

Proposed Use: _____

(I) (We) believe that the Board should approve this request because: (include the grounds for appeal or reasons both with respect to the law and fact for granting the appeal or special exception or variance, and if hardship is claimed, state the specific hardship).

Has any previous application or appeal been filed in connection with these premises?

yes no

What is the applicant's interest in the premises affected? _____
(owner, agent, lessee, etc.)

What is the approximate cost of the work involved? _____

Following are the names and addresses of owners of property within a distance of 300 feet from the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of

_____.

| NAME | ADDRESS |
|-------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Note – This application must be filled out in duplicate. The original shall be deposited with the Secretary of the Board of Supervisors, and a copy with the Zoning Officer. A copy of the plan of real estate affected showing location and size of lot, the size of improvements now erected or proposed to be erected, or other change desired, together with any other information required by the Zoning Hearing Board, must be attached to each copy of this application. If more space is required, attach a separate sheet to each copy of this application and make specific reference to the question being answered.

I hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

(signature)
Dated _____, 20__