

APPEAL TO THE SOUTH PYMATUNING TOWNSHIP ZONING HEARING BOARD

APPEAL # _____ 20

I (We) _____ at _____, respectfully request a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Zoning Officer on _____, for the reason that it was a matter that, in the opinion of said inspector, should properly come before the Zoning Hearing Board.

The applicant is requesting a/an _____ INTERPRETATION
_____ SPECIAL EXCEPTION
_____ VARIANCE
_____ APPEAL FROM DECISION OF ZONING OFFICER

from Section _____, Paragraph _____ of the Zoning Ordinance for reason that:

If is an appeal for an interpretation of the Zoning Ordinance Map.

It is an appeal exception to the ordinance on which the Zoning Hearing Board is required to approve.

It is a variance relating to the _____ use _____ frontage _____ area _____ yard or _____ provision of the ordinance.

REMARKS: _____

The premises affected are situated at _____ in the zone district _____.

Legal description of the property involved in this appeal: _____

Has any previous application or appeal been filed in connection with these premises? __ yes __ no

If yes, state previous appeal number: _____

What is the applicant's interest in the premises affected? _____

Explanation of purpose to which the property will be put: _____

Plot plan attached? _____ yes _____ no

NON-WAIVER

The Zoning Hearing Board will convene to conduct a Zoning appeal hearing upon payment in full of the required Appeal fee.

Date: _____

Signature of Applicant

[Print Name]

Date: _____

Signature of Applicant

[Print Name]

WAIVER

The Zoning Hearing Board will convene to conduct a Zoning appeal hearing upon payment in full of the required Appeal fee.

In view of statutory and ordinance notification requirements, I hereby agree to waive the statutorily required sixty (60) day hearing date requirement.

Date: _____

Signature of Applicant

[Print Name]

Date: _____

Signature of Applicant

[Print Name]

ADMINISTRATION USE ONLY

Date noticed posted at site: _____

Dates hearing advertised: _____

Date of hearing: _____

Fee paid: _____

OTHER COMMENTS: