

Do Not Write in This Space. For Office Use Only

Date Hearing Advertised _____ Appeal No. _____

Fee Paid _____ Receipt No. _____ Date _____

ZONING HEARING BOARD

Township of North Strabane

NOTICE OF APPEAL

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

request that a determination be made by the Zoning Hearing Board pursuant to Section 909.1 of the Municipalities Planning Code on the following appeal:

A. Appeal from Decision of Zoning Officer

1. Denial of Permit
2. Failure to Act on Application
3. Issuance of Cease and Desist Order
4. Refusal to Register Non-Conforming Use, Structure or Lot.

*Attach Letter of Denial

B. Appeal from Determination of Township Engineer

1. Opinion concerning Flood Plain or Flood Hazard Ordinance
2. Opinion concerning Sedimentation and Erosion Control or Storm Water Management

*Attach Notice of Determination

C. Request for Variance Article _____ Section _____ Subsection _____ Paragraph _____
_____ of the Zoning Ordinance

1. Area
2. Frontage
3. Yard
4. Height
5. Use or Other Provision of Ordinance

D. Application for Special Exception - Article _____ Section _____
Subsection _____ Paragraph _____ of Zoning Ordinance

E. Other: As enumerated in Section 909.1 (a) 1 through 9 of the Municipalities Planning Code, I am appealing the following:

Property Information

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

Owners (Attach copy of Deed or Sales Agreement)

Location: _____

Parcel or Lot Number: _____

Lot Size: _____ Present Use: _____ Zoning 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 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 attest assessment roll of the County of _____.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note - 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 statement and statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Date Submitted: _____

Contact Information

Applicant(s)

Phone: _____

(signature)

Address: _____

(signature)

Email: _____

Title

*Date Accepted as Complete _____

North Strabane Township

By: _____

Title: _____

*Hearing will not be scheduled until Township Zoning Officer certifies Application as complete.