

**ZONING HEARING BOARD
TOWNSHIP OF LOWER FREDERICK**

NOTICE OF APPEAL

Nature of Appeal:

- Application for variance.
- Application for special exception.
- Challenge to the validity of a land use ordinance.
- Appeal from a determination of the zoning officer.
- Appeal from a determination by the township engineer or zoning officer concerning flood plain restrictions.
- Appeal from a determination by the township engineer or zoning officer concerning sedimentation, erosion controls or storm water management, which does not involve Subdivision and Land Development or Planned Residential Development.
- Appeal from zoning officer's preliminary opinion.

A landowner, equity owner or tenant with the permission of the landowner may file application for a Variance or a Special Exception.

Any landowner affected, any officer or agency of the township or any person aggrieved may file challenges or appeals under 3-7.

Appellant must file Five (5) copies of this form in full with the Township Secretary.

Include any additional sheets as necessary.

An Appeal must be accompanied by the appropriate fee.

ADDRESS OF SUBJECT PROPERTY:

DESCRIBE THE PROPERTY AND WHERE IT IS LOCATED:

State the present zoning classification of the property, all of the improvements thereon and all uses of those improvements.

ATTACH A SURVEY OR SKETCH OF THE PROPERTY BOUNDARIES

STATE THE ARTICLE AND SECTION OF THE ZONING ORDINANCE WHICH APPEAL IS MADE UNDER:

DESCRIBE THE PROPOSED CHANGES TO THE PROPERTY AND/OR THE LEGAL THEORY TO BE PRESENTED TO THE ZONING HEARING BOARD:

ATTACH A PLOT PLAN OF THE PROPERTY WHICH INDICATES THE LOCATION AND SIZE OF THE LOT, AND THE SIZE AND LOCATION OF THE EXISTING AND PROPOSED IMPROVEMENTS OR CHANGES

IF THIS IS AN APPEAL FROM A DETERMINATION OF A ZONING OFFICER OR CODE ENFORCEMENT OFFICER OR OTHER TOWNSHIP OFFICIAL, A COPY OF THE DETERMINATION MUST BE ATTACHED.

APPELLANT

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS:

HOME: _____

WORK: _____

FAX: _____

EMAIL: _____

AGENT/ATTORNEY

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS:

HOME: _____

WORK: _____

FAX: _____

EMAIL- _____

OWNER OF PROPERTY

SAME

NAME: _____

ADDRESS: _____

TELEPHONE NUMBERS:

HOME: _____

WORK: _____

FAX: _____

EMAIL: _____

If the appellant is not the record owner:

I, _____, owner of the aforementioned property hereby grant permission to _____ to seek the review of the Zoning Hearing Board in matters relating to this application.

_____(SIGNATURE)

(1) (We) hereby certify that all of the above statements and the statements contained in any of the papers or plans duly submitted according to the requirements of this appeal are true to the best of (my) (our) knowledge and belief.

APPELLANT

OWNER

ATTORNEY

APPELLANT

OWNER

ATTORNEY

CHECKLIST:

- 5 COPIES: SURVEY OR SKETCH OF PROPERTY BOUNDARIES
- 5 COPIES: PLOT PLAN WITH PROPOSED CHANGES
- 5 COPIES: APPEAL AND ACCOMPANYING MATERIALS
- LIST OF ALL OWNERS ADJACENT TO APPELLANT'S LAND PRE-STAMPED PRE-ADDRESSED ENVELOPES FOR ALL ADJACENT LANDOWNERS
- FEE PAID
