

Township of Hanover Washington County Pennsylvania 11 Municipal Drive Burgettstown, PA 15021 (724) 947-9109 Fax (724) 947-9118	Application Number _____ Date Filed ____/____/____ Fee Paid _____
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NOTICE OF APPEAL OR APPLICATION

(To Be Filed in Triplicate)

Appeal is hereby made by the undersigned (check applicable item or items):

_____ From the determination of the Zoning Officer pertaining to Section _____
Of the Zoning Ordinance.

_____ For a variance from Section _____ of the Zoning Ordinance.

_____ For a Special Exception permitted under Section _____ of the Zoning
Ordinance.

Date of Zoning Officer's decision: ____/____/____. A copy of the zoning permit application
and the Zoning Officer's decision is attached hereto.

APPELLANT
(Name) _____

Address _____

Telephone _____
Owner _____
(Name) _____

(Address) _____

(Telephone) _____

Attorney
(if any) _____

(Address) _____

(Telephone) _____

1. Interest of Appellant

_____ Owner by deed dated ____/____/____

_____ Equitable owner under Agreement of Sale dated ____/____/____

_____ Lessee under lease dated ____/____/____ Lessee has permission of owner of the property to present this application

_____ Other

Explain: _____

2. Application relates to: (check applicable item or items)

_____ Use _____ Lot Area ____ Yards _____ Height _____ Sign

_____ Existing Building ____ Proposed Building _____ Other

3. Brief description of real estate affected:

Location: (specific location, with direction and distance from nearest intersection)

Lot Size: _____ Current Zoning Classification: _____

Present Use: _____

Present improvements upon the land: _____

4. If this is an appeal from action of the Zoning Officer, specify the alleged error of the Zoning Officer:

5. Describe the relief desired by Appellant:

6. Describe the reasons Appellant believes Board should approve desired action (refer to action or sections of Ordinance under which it is felt that desired action may be allowed, and note whether hardship is [or is not] claimed, and the specific hardship).

7. Has a previous appeal been filed in connection with these premises? _____ Yes
_____ No

If yes, list the following:

Date of prior Zoning Hearing Board decision: ____/____/____

Name of Applicant in prior decision: _____

Relief granted in prior decision: _____

NOTE: Attach two copies of plan of real estate affected, drawn to scale and with a north arrow, indicating location and size of improvements now erected and proposed to be erected thereon, or other change desired, also any other information required by the Zoning Hearing Board. If more space is required, attach a separate sheet and make specific reference to the question being answered. In question 5 above, include the grounds for the appeal or reasons both with respect to law and fact for granting the appeal or the special exception or variance. Specifications or errors must state separately the appellant's objections to the action of the Zoning Officer with respect to each question of law and fact which is sought to be reviewed.

I HEREBY DEPOSE AND SAY 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.

DATE: ____/____/____

(Appellant)

(Appellant)