

Zoning Hearing Board
Township of Maxatawny
Notice of Appeal

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

from the action of the Zoning Officer in refusing my application for a Zoning Permit dated_____.

from the action of the Zoning Officer in refusing my application for a Certificate of Use and Occupancy dated_____.

for a special exception from the terms of the Maxatawny Township Zoning Ordinance.

for a variance from the terms of the Maxatawny Township Zoning Ordinance.

APPELLANT: _____

(Name)

ADDRESS: _____

(Phone)

LAND OWNER: _____

(Name)

ADDRESS: _____

(Phone)

ATTORNEY: _____

(if any) (Name)

ADDRESS: _____

(Phone)

Interest of Appellant if not Owner: _____

(agent, equitable owner, lessee, etc)

4. Reasons Appellant believes Zoning Hearing Board should approve desired action (Refer to Section or Sections of Ordinance under which it is felt that desired action may be allowed. Note whether hardship is or is not claimed and the specific hardship.)

5. Has a previous appeal been filed in connection with these premises? _____

If yes, give pertinent data: _____

6. Cite specific sections of the Zoning Ordinance from which relief is requested. _____

NOTE: Attach four copies of plan of real estate affected, indicating location and size of lot, size of improvements now erected and proposed to be erected thereon, or other change desired, also any other information pertinent to the Appeal. If more space is required, attach a separate sheet of paper and make specific reference to the question being answered thereon. In No. 4, 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 of 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.

List below other parties in interest (tenant, mortgagor, etc.) who should be notified of the hearing on this appeal, if any, including the names of all property owners within 500 feet of this property:

Name

Address, including Zip Code

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

(Appellant)

(Appellant)

Witness to signature

(Date)



A deposit of \$1,500.00 for Commercial appeals, or \$700.00 for residential appeals, \$250.00 for Administrative Fee, shall be made with the Township of Maxatawny when appeal is filed. In the event the appeal costs exceed the amount of the deposit, the applicant will be billed for such excess costs. No continued hearing will be held and no decision will be given until the Township of Maxatawny has been paid for all costs, or arrangements satisfactory to the Township of Maxatawny have been made for the payment of all costs.

This application will not be accepted unless all information requested is provided at the time of filing this appeal.