

ZONING HEARING BOARD
ROSTRAVER TOWNSHIP
NOTICE OF APPEAL

(I)(WE) _____ PHONE NO. _____

of _____

REQUEST that a determination be made by the Zoning Hearing Board on the following:

- (1) Appeal for an interpretation of the Ordinance Map.
- (2) A Special Exception to the Ordinance on which the Zoning Hearing Board is requested to pass.
- (3) Request for a variance relating to the () use, () area, () frontage, () yard, () height or _____ provisions of the Ordinance.

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

Location: _____ Tax Map No.: _____

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 both with respect to law and fact granting the appeal or special exception or variance, and if hardship is claimed, state the specific hardship).

Please submit \$450.00 for each application. Make check payable to Rostraver Township.

Has any previous application or appeal been filed in connection with these premises? _____

Following are the names and addresses of **abutting** property owners and others affected by the appeal:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby certify 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

SIGNATURE OF PROPERTY OWNER

OFFICE USE ONLY

FEE PAID: _____

DATE: _____

NOTICE: THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO DISCLOSURE.