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Date Hearing Advertised	Appeal No.
Fee Paid - Receipt No.	Date

NORTH STRABANE TOWNSHIP ZONING HEARING BOARD
NOTICE OF APPEAL

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

..... Telephone No.

request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Building Inspector on, 19....., for the reason that it was a matter which in the opinion of the Building Inspector should properly come before the Board.

An interpretation a special exception a variance is requested to Article, Section....., subsection....., paragraph..... of the Zoning Ordinance for the reason that:

- It is an appeal for an interpretation of the ordinance or map.
- It is a special exception to the ordinance on which the Zoning Hearing Board is required to pass.
- It is a request for a variance relating to the area frontage yard height
 use or.....
(state, if request is for purpose other than those enumerated)
provisions of the ordinance.

Provisions of the Ordinance

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

Location:

Lot Size:..... Present use: Zone 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 for granting the appeal or special exception or variance, and if hardship is claimed, state the specific hardship)

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