

Application for Zoning Hearing Board Appeal

Sadsbury Township – Crawford Co.

Date Filed _____

Appeal No. _____

_____ of _____
(Name) (Mailing Address)

_____ (Home phone #) _____ (Work #) _____ (Cell #)

Requests that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Zoning Officer on _____, for the reason that it was a matter which in the opinion of the Zoning Officer should properly come before the Board based on Section _____, Subsection _____, Paragraph _____ of the Sadsbury Twp. Zoning Ordinance.

Reason for appeal: _____ Interpretation of the Sadsbury Twp. Zoning Ordinance or Zoning Map
_____ Special exception to the Zoning Ordinance on which the Zoning Hearing Board is required to rule on.
_____ Variance relating to _____ Area, _____ Height, _____ Use, _____ Yard (if Yard, check all that apply: _____ front, _____ side, _____ rear),
_____ Other, explain: _____

REQUIRED INFORMATION:

Location of property subject to this appeal: _____

Assessment Number of Property: _____ Lot Size _____

Zoning District: _____

Has any appeal been filed in connection with this property prior to this? _____ Yes, _____ No

What is the applicant's interest in the property in this appeal? _____ Owner, _____ Contractor, _____ Agent _____ Lessee, _____ Legal Council for Owner

If granted, what is the approximate cost of the work involved? \$ _____

Present Use of Land _____ Proposed Use of Land _____

What improvement is being proposed for this property? _____

State the hardship that the present Zoning Ordinance imposes on you in respect to this appeal: _____

DATES TO REMEMBER:

Cut-off Date: the 20th of the month prior to the scheduled hearing date

Hearing Date: 2nd Wednesday of the month

