

\$500 APPLICATION FEE.
MAKE CHECKS PAYABLE TO
WHITEFORD TOWNSHIP

NOTICE OF APPEAL TO THE
ZONING BOARD OF APPEALS

APPELLANT _____ ADDRESS _____

OWNER _____ ADDRESS _____

E-MAIL _____ TELEPHONE _____

LOCATION OF PROPERTY AND PARCEL NUMBER

Instruction to Appellant:

Fill in the appropriate Section 1, 2, 3, or 4. DO NOT fill in more than one of these sections. This application is not acceptable unless all required statements have been made. Additional information may be supplied on separate sheets if space provided in this form is inadequate.

The following is an appeal from a determination made by the zoning ordinance enforcement officer or building inspector on the following date _____.

Section 1. INTERPRETATION

The appellant respectfully requests that an interpretation be made by the Board of Appeals of Article _____ Section _____ of the Township Zoning Ordinance.

An Appeal is made for an interpretation of the zoning map.
An Interpretation is requested for the following reason:

Section 2 . ADJUSTMENT

The Appellant respectfully requests that an adjustment of the terms of the zoning ordinance be made in the case of this property because the following peculiar or unusual conditions are present which justify an adjustment:

The following unnecessary hardship will result if the adjustment is not made:

Section 3. SPECIAL EXCEPTION

Article _____ Section _____ of the zoning ordinance authorizes the Board of Appeals to make the Special Exception requested.

Section 4. ORDINANCE PROVISIONS

The Appellant respectfully petitions that the following request be approved:

Authorization for the above request is found in Article _____ Section _____ of the zoning ordinance

I hereby grant permission for members of the Township Zoning Board of Appeals to enter the property described on Page 1 for the purpose of gathering information related to this application. (Note to applicant: This permission is optional and your application will be unaffected if you choose not to grant permission.)

Applicant or representative must be present at meeting for request to be heard.

Signature of Applicant

Date

.....

OFFICE USE ONLY

Date _____

Check # _____

Amount \$ _____