

Sugar Notch Borough Appeal to the Zoning Hearing Board

Date:

Applicant Name _____ Address _____

Do you own the property in question? Yes ____ No ____ **Complete copy of current deed must accompany application**

If not, owner Name _____ Address _____

Name of your attorney (if any) _____ Phone _____

Address _____

Interest of applicant if not owner _____

1. Appeal relates to: (brief description in applicable section)

Use of property _____ Lot coverage _____

Building Height _____ Side Yard _____

Front yard _____ Rear yard _____

Existing building _____ Proposed Building _____

2. Location of real estate affected _____ Size of lot _____

Present use _____ Proposed use _____

3. Date determination made by Zoning Administrator _____

4. State what you are requesting, why the Board should approve the request, whether you are claiming a hardship, and the specific hardship _____

(use reverse side if necessary)

Applicant's signature _____

Re: Application # _____

Appeal # _____

CERTIFICATION OF ADJOINING PROPERTY OWNERS

I, _____, hereby certify that the following are the adjoining property owners for the property which is the subject matter of my zoning application.

I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. 4904, relating to unsworn falsification to authorities.

Date: _____
_____ Applicant

Name	Mailing Address

(If there are more than six (6) adjoining property owners, please use additional paper.)