FORTY FORT BOROUGH

MUNICIPAL BUILDING, 1271 WYOMING AVENUE, FORTY FORT, PA 18704-4101 TELEPHONE (570) 287-8586 FAX: (570) 287-0521

ZONING HEARING BOARD APPLICATION FOR APPEAL AND HEARING

	Case No Of			
1.	Applicant Name:			
	Address:			
	Telephone: E-Mail:			
2.	Owner Name:			
	Address:			
	Telephone: E-Mail:			
3.	Zoning District in which subject property is located:			
4.	Describe present use of land and/or structures (use a separate sheet if necessary).			
5.	Describe proposed use of land and/or structures (use a separate sheet if necessary).			

6.	Type of Appeal:			
	a.	☐ Variance per Section 1409 of the Zoning	Ordinance	
	b.	☐ Special Exception per Section 1410 of the	e Zoning Ordinance	
	c.	☐ A review of a determination of the Zonin (F) and/or (G) of the Zoning Ordinance	g Officer per Section 1408 (B), (C),	
	d.	☐ A validity challenge based upon substant the Zoning Ordinance	ive grounds per Section 1408 (A) of	
	Based upon the above indicated Item(s), specifically state the nature of your request, appeal and/or challenge to the Zoning Hearing Board. Attach additional sheets if necessary.			

	- Allows			
7. A copy of your application for a zoning permit and/or notice of a zoning violation (if applicable) and any related information from the Zoning Officer must accompany the application.				
8.	Specifically state the grounds based upon the Zoning Ordinance and/or any other related or appropriate grounds which can support and/or substantiate the request, appeal and/or challenge contained in this application. Attach additional sheets if necessary.			
		Signature of Applicant	Date	
		Signature of Owner (if other than applicant)		

For Borough Use Only

A.	Zoning Permit Application Number:
В.	Date of written request for hearing:
C.	Publication Dates of Public Notice:
D.	Date of Hearing:
E.	Decision of Board:
F.	Date Decision Rendered:
G.	Date Decision Letter sent: