

NORTH SEWICKLEY TOWNSHIP
APPEAL TO ZONING HEARING BOARD
AS TO ACTION/DETERMINATION OF ZONING OFFICER

Appeal No. _____ **Date of Appeal:** _____

Name of Appellant: _____

Address of Appellant: _____

Telephone No. (_____) _____ Fax No. (_____) _____

Location of Property: _____

Tax Parcel No. **70** - _____ Total Size/Acreage of Tract: _____

Zoning District in which located: _____

Name of attorney: _____

Address: _____

Telephone No. (_____) _____ Fax No. (_____) _____

Nature/Type of Appeal:

- I. () Appeal from denial or granting of Permit by Zoning Hearing Officer.
- II. () Appeal from failure of Zoning Officer to act upon Application.
- III. () Appeal from Cease and Desist Notice and/or other Enforcement Notice issued by Zoning Officer.
- IV. () Appeal from decision of Zoning Officer to register or not register Nonconforming Use.
- V. () Appeal from adverse Preliminary Opinion issued by Zoning Officer per Section 916.2 of Pennsylvania Municipalities Planning Code.
- VI. () Appeal from determination of Zoning Officer and/or Township Engineer as to any land use Ordinance of the Township, or provision thereof, with reference to sedimentation/erosion control and/or stormwater management, provided and insofar as same does not relate to a development involving Subdivision and Land Development or a Planned Residential Development.
- VII. () Appeal from the determination of the Zoning Officer, or other officer or agency in charge of, administration of any performance density provisions of the North Sewickley Township Zoning Ordinance.

() Attach copy of all Applications submitted to Zoning Officer and decision/directive of Zoning Officer as to which this Appeal is presented to the North Sewickley Township Hearing Board.

North Sewickley Township Application to Zoning Hearing Board – as to Zoning Officer actions

GENERAL INFORMATION: The Applicant is advised to become acquainted with, understand and be aware of all provisions of the North Sewickley Township Zoning Ordinance, and to secure legal counsel and/or technical assistance in the preparation and presentment of this Application. The required fee or fees must be submitted and paid at time of submission of this Application.

VERIFICATION

I or we the undersigned Applicant(s), completed and read the foregoing Application to the North Sewickley Township Hearing Board. The statements and data set forth therein is true and correct to the best of my knowledge, information and belief. This statement and verification are made subject to the penalties of 18 PA.C.S.A. Section 4904 relating to unsworn falsifications to authorities, which provides that if I or we knowingly make false statements or averments, I or we may be subject to criminal penalties.

Dated: _____, 20 ____

Applicant

Co-Applicant

Received of _____, the sum of \$ _____, fee for the above numbered Application to North Sewickley Township Zoning Hearing Board. Dated: _____, 20 ____.

Authorized Signature