

UPPER MACUNGIE TOWNSHIP ZONING APPEAL APPLICATION



Property Address _____

Applicant _____ Phone # _____

Address _____

Owner _____ Phone # _____

Address _____

A written notice will be conspicuously posted on the property a minimum of one week prior to hearing.

I hereby appeal the ruling of the Zoning Officer, denying the proposed construction and/or use on the subject property described herewith, and I hereby specify the following reasons: _____

Any previous appeal(s) filed for this property? Yes No If yes, when & what for:

Attach copy of plan drawn to scale, need eight (8) copies if plan is larger than 11" x 17".

Signature of Applicant: _____ Date: _____

See Attached Fee Schedule: (Fee is non-refundable once advertised)

Paid: Cash Check # _____

Appeal # _____ Date Submitted _____ Zoning District _____

PIN _____ Granted Denied Conditions: Yes No

Comments: _____