



# 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:

\_\_\_\_\_

A **COMPLETE** application, with eight (8) paper copies, one (1) digital copy of plans, applicable **plans to scale**, reports, drawings, and any additional information relevant to the request must be submitted to the Township's Community Development Department.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Paid: Cash Check # \_\_\_\_\_

Appeal # \_\_\_\_\_ Date Submitted \_\_\_\_\_ Zoning District \_\_\_\_\_

PIN \_\_\_\_\_ Granted Denied Conditions: Yes No

Comments: \_\_\_\_\_

\_\_\_\_\_