



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 (9) 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: _____
