

ZONING HEARING BOARD
Lower Mifflin Township
Application

ZHB Case #: _____

Date Application Received: _____

\$1500.00 fee paid: _____

Date Application Accepted: _____

(I)(We) _____
Property Owner's Name(s)

of _____
Mailing Address

Phone _____
Home Cell Work

Request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Zoning Officer on _____, 20_____.

- An Interpretation A Special Exception
- A variance relating to the: Area Frontage Yard Height Use
- Other _____

Section _____ Paragraph _____
Section _____ Paragraph _____
Section _____ Paragraph _____
Section _____ Paragraph _____

The description of the property involved in this appeal is as follows:

Location: _____
Present Use: _____ Zoning District: _____
Proposed Use: _____

Adjoining property owners & addresses:

- 1. _____ 3. _____

- 2. _____ 4. _____

(I) (We) believe that the Board should approve this request because: (include reasons, both with respect to law and fact for granting the appeal or special exception or variance, and if hardship is claimed, state the specific hardship):

Signature of Petitioner(s)

Date

A description of the proposed work or use and a plan showing our property with all existing buildings as well as those proposed changes must be submitted with application.