



For Official Use Only	
ZBA Case Number:	
Hearing Date:	
Ad Date:	
Application Fee:	\$600.00
Application Fee for Admin. Error	\$300.00
Date Paid:	

ZONING BOARD OF APPEALS APPLICATION FOR APPEALS

Please legibly print or type the following application in its entirety. Incomplete applications will not be accepted. Submit the **thirteen (13) copies** of this application, and any supporting information, along with appropriate fees, by the application deadline date as specified on the Zoning Board of Appeals Schedule.

APPLICANT INFORMATION - OWNER'S AFFIDAVIT MUST BE SUBMITTED WITH APPLICATION.	
Contact Name:	
Firm/Company:	
Address:	
Phone:	email:
OWNER INFORMATION	
Name:	
Firm/Company:	
Address:	
Phone:	email:
APPEAL INFORMATION	
Project Location (Street Address):	Project Name & Case Number: <i>(if applicable)</i>
Current Zoning:	Current Use:
Proposed Use: (Describe in detail the proposed project or use.)	
Date of decision:	Date of appeal:
Decision being appealed:	
Type of Appeal: Administrative Error <input type="checkbox"/> Archeological Assessment <input type="checkbox"/> Building Permit/ Certificate of Occupancy <input type="checkbox"/>	

JUSTIFICATION FOR ADMINISTRATIVE DECISION APPEAL

Section 315 of the Land Management Code states "An appeal to the Board may be made by any person aggrieved or by any officer, department, or board within the jurisdiction affected by the decision of the Zoning Administrator. In addition to the requirements of §312, such appeal shall be made within 30 days of the decision of the Zoning Administrator by filing a notice of an appeal on the forms provided by the Department. Such notice shall specify the nature and grounds of the appeal and shall contain such additional information as may be needed to explain the appeal. The appeal shall contain a written statement of the reasons for which the appellant claims the final decision is erroneous."

(Please provide a justification statement in the area provided, specifying the nature and grounds of the appeal - use additional paper if necessary.)

I hereby attest that the information provided on and attached to this application is complete and correct.

Signature of Applicant/Agent

Date