

FOSTER TOWNSHIP
ZONING APPEAL APPLICATION

1. Name, address and phone number of Applicant:

2. Name, address and phone number of Landowner (if different than Applicant):

3. Location and address of the Property subject to the zoning hearing appeal:

4. Zoning District in which the subject property is located: _____

5. Present use of land and structure(s) on the subject property:

6. Proposed use of land and structure(s) on the subject property:

7. Type of Appeal (check whichever is applicable to your request):

_____ A Variance to the Zoning Hearing Board under §255-41 of the Zoning Ordinance

_____ A Special Exception to the Zoning Hearing Board under §255-142 of the Zoning Ordinance

_____ A Conditional Use to the Board of Supervisors under §255-58 of the Zoning Ordinance

_____ Other (explain): _____

8. Based upon the type of appeal listed under item number 7 above, specifically state the nature of your request, including the grounds in support of your appeal.

9. List the names and addresses of all adjoining property owners, including those located immediately across a street from the property subject to the zoning appeal application.

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By signing below, I verify that this appeal application is true and correct to the best of my knowledge, information and belief subject to the penalties of 18 Pa.C.S. §4904 (unsworn falsification to authorities).

Signature of Landowner

Date

Signature of Applicant

Date

FOR OFFICIAL USE ONLY

A. Fee Paid: \$ _____ Date Paid: _____ Manner of Payment: _____

B. Date of Receipt of Appeal by Township: _____

C. Date of Scheduled Hearing: _____

D. Date of Decision of Board: _____

E. Attach a copy of the Zoning Permit Application; and the Denial Letter or the Enforcement Notice issued by the Zoning Officer.