

Date Hearing Advertised _____
Fee paid - Receipt No. _____

Appeal No. _____
Date Received _____

**APPEAL TO ZONING BOARD OF ADJUSTMENT
TOWNSHIP OF STOWE**

I, _____ of _____
_____ request that a determination be made by the
Zoning Board of Adjustment on appeal.

A request for a building permit certificate of occupancy zoning
certificate was denied on _____ by the Zoning Ordinance Officer;
citing Article _____ Section _____ Paragraph _____ of the Zoning Ordinance,
because the property located at _____ does not comply with
the literal terms of the Zoning Ordinance or other applicable ordinances.

Appeal is requested for:

- An interpretation of the ordinance or map.
- A special exception to the ordinance(s) on which the appeal is filed.
- A Variance relating to the use area frontage
 yard height.

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

Present improvements on land: _____

Lot Size: _____ Zoning District _____

Proposed Use of this property: _____

The Board should approve this request because: (include the grounds for appeal or
reasons both with respect to law and fact for granting the appeal/special exception/
variance; and if hardship is claimed state the specific hardship.)

I hereby certify that all of the above statements and the statements contained in any
papers or plans submitted herewith are true to the best of my knowledge and belief.

(signature)

(date)

REQUEST FOR BOARD OF ADJUSTMENT HEARING

PROCEDURE

A "NOTICE OF APPEAL" IS TO BE COMPLETED, SIGNED AND RETURNED TO THE TOWNSHIP SECRETARY'S OFFICE, WHERE COPIES CAN BE MADE.

TO COVER THE COST OF THE HEARING AND ADVERTISING, ATTACH A CHECK IN THE AMOUNT OF \$225.00, PAYABLE TO "STOWE TOWNSHIP".

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THIS OFFICE AT (412) 331-4050.
