

Proposed Use: _____

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

Has any previous application or appeal been filed in connection with these premises?

____ Yes _____ No

What is the applicant's interest in the premises affected? _____
(owner, agent, lessee, person aggrieved, etc.)

What is the approximate cost of the work involved? _____

Following are the names and addresses of owners of property within a distance of 300 feet from the exterior limits of the property involved in this appeal as shown by the latest assessment roll of the County of Cumberland.

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: This application must be filled out in duplicate. The original shall be deposited with the Zoning Hearing Board Secretary and a copy with the Township Secretary. A copy of the plan of real estate affected showing location and size of lot, the size of improvements now erected or proposed to be erected, or other change desired, together with any other information required by the Zoning Hearing Board, must be attached to the original copy of the application. If more space is required, attach a separate sheet to

each copy of this application and make specific reference to the question being answered. An additional fee may be assessed to cover personnel compensation, notice, advertising and overhead costs.

* * *

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

(Signature)

Date _____

(Telephone Number)