FAIRVIEW TOWNSHIP ZONING HEARING BOARD APPLICATION

Appeal	# Index No	Hearing	g Date/Time
1	Property Owner(s) Mailing Address City, State, Zip Phone Number		
	ove property owners request	that a determination be made b	y the Board on the above appeal for the
10110 11 11	<u></u>	Property address	s
	son that it was a matter that he permit on		e Board, the Zoning Officer denied /
2	Type of Appeal:	Month / day / year	
2	Check Appropriate Boxes:	Map Variance	in relation to:
	area frontage	height use side # Type	e / rear / front yard
	Zoning Section Applicable to this Appeal		
3	Property Description: Subdivision		
	Lot No.	Lot Size	
	Zoning	Area	
4	Proposed Use or Improvement:		
5		granting the appeal, and if a har	because (Include reasons both with rdship is claimed.)
6	Previous application of app	peal filed Yes / No	Appeal Number(s)
7	Zoning Ordinance Section	(s) applicable to the denial (To	be completed by Zoning Official)
8	I / We hereby certify that all the above statements and the statements contained in any paper or plans submitted herewhich are true to the best of my / our knowledge and belief.		
		owner(s) signature	date
		agent signature	date