

# UPPER MACUNGIE TOWNSHIP ZONING APPEAL APPLICATION



**Property Address** \_\_\_\_\_

**Applicant** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Owner** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

*A written notice will be conspicuously posted on the property a minimum of one week prior to hearing.*

I hereby appeal the ruling of the Zoning Officer, denying the proposed construction and/or use on the subject property described herewith, and I hereby specify the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any previous appeal(s) filed for this property? Yes No If yes, explain:**

\_\_\_\_\_

**Attach copy of plan drawn to scale showing proposed work, need eight (8) copies if plan is larger than 11" x 17".**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee: \$200.00 (Fee is non-refundable once advertised) Paid: Cash Check #** \_\_\_\_\_

**Appeal #** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_ **Zoning District** \_\_\_\_\_

**(Circle One) Granted Denied Other:** \_\_\_\_\_ **Conditions: Yes No**