



Case # _____

APPLICATION for INTERPRETATION – ZONING BOARD OF APPEALS

Applicant:

Address:

Mailing Address, City State and Zip

Phone:

Fax

Cell:

Email:

Parcel # 3909-

-

-

Ordinance No.

Reason for Request:

I hereby certify that the above information is true to the best of my knowledge and belief. I also grant permission to the members of the Zoning Board of Appeals and any other township official or representative to enter and inspect the property for purposes related to this application.

Signature of Applicant

IMPORTANT FILING INSTRUCTIONS

Applications and fee must be received on designated deadline BY NOON preceding a regularly scheduled meeting of the zoning Board of appeals. **The original application AND 11 copies of all information, signed application and support documents, assembled in twelve packets are required.**

Date Received _____ Amount \$ _____ Received By _____