

HEARING REQUEST
NOTICE OF APPEAL

**** All information must be completed. If not applicable answer NA do not leave blank answers. Any incomplete applications will be returned to the applicant.**

****All Corporations must be represented by an Attorney licensed to practice in Pennsylvania.**

**** Proof of legal standing for appeal must be provided.**

Location of Property (legal address):

PIN: _____ Deed Book/ Page: _____

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Property

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

If the applicant is a firm or corporation:

All plans must be stamped/signed by a PE or Architect

Corporation/Business Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Representing Attorney: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

The undersigned does hereby appeal the decision of the Hazle Township Zoning Officer dated

_____, for _____ to the Hazle

Township Zoning Hearing Board.

The reason for this appeal is as follows:

(Attach additional sheets as needed)

The applicant shall be responsible for providing the Zoning Hearing Board with the names and addresses of the true and correct owners of record based on the records contained in the Luzerne County Tax Assessors Office of all property owners within two hundred and fifty feet of the property lines.

Appellant is requesting a **Variance** _____ **Special Exception** _____

Applicant Signature Date

Property Owner Signature (if different from applicant) Date

Date/Time Received by Hazle Township _____

BY: _____
Zoning Officer or designee

Accepted _____ Returned _____ Date _____

Reason for return: _____

Residential Fee: \$850 Check: _____ CC: _____

(There is a 2.5% fee charged by the Bank for all credit card transactions)

Commercial Fee: \$1200 Check: _____ CC: _____

(There is a 2.5% fee charged by the Bank for all credit card transactions)