

**CROSS CREEK TOWNSHIP
ZONING HEARING BOARD/BOARD OF SUPERVISORS
NOTICE OF APPEAL**

Applicant name: _____
Address: _____
Telephone #: _____
Date: _____

Appeal reason:
Interpretation: _____ Special exception: _____ Variance: _____ Conditional Use: _____
Article _____ Section _____ Subsection _____ Paragraph _____ of Ordinance # _____

I am hereby appealing the decision of the Zoning Officer which was made on the _____ day of _____, 200____. It is the opinion of the Zoning Officer that this matter must come before the Cross Creek Township Zoning Hearing Board/Board of Supervisors, and I request that this appeal be granted for the following reasons: (include grounds for appeal with respect to a variance, special exception, conditional use or interpretation. Include any claimed basis for special hardship, if applicable.) Use additional pages if needed. _____

- _____ Appeal for an interpretation of the Ordinance
- _____ A special exception to the Ordinance, which the Board is required to pass
- _____ A variance relating to:
 - Conditional Use _____ Use _____ Area _____ Frontage _____ Yard _____ Height _____
 - Other _____

PROPERTY INVOLVED IN APPEAL:

Location: _____
Lot Size: _____ Present Use _____ Zoned District _____
Present Improvements on Land: _____
Proposed Use: _____

Applicant's signature