

APPEAL TO ZONING HEARING BOARD
WHITEMARSH TOWNSHIP
COMMONWEALTH OF PENNSYLVANIA

APPEAL NO: _____

Applicant/Appellant: _____

Address: _____

Phone #: _____ Cell Number: _____ E-Mail: _____

Owner: _____

Address: _____

Phone #: _____ Cell Number: _____ E-Mail: _____

Location of the Property Involved: _____

Block #: _____ Unit #: _____ Parcel #: _____

NATURE OF APPLICATION (Describe proposed use and/or construction: type of appeal requested and specific section(s) of Whitemarsh Township Zoning Code which is (are) relied upon):

GROUND FOR APPEAL (State reasons for appeal and nature of hardship, if claimed):

**Attach additional sheets if necessary

Legal Counsel (if represented): _____

Address: _____

Phone #: _____ E-Mail: _____

My (Our) signature(s) authorize(s) permission to pose my (our) property and permission to the Zoning Hearing Board and their representative to enter thereon for inspection purposes.

I (We) certify the information provided on this application and supporting documentation and plans are true and correct to the best of my (our) knowledge, information, and belief. You are required to submit proof that you are one of the following:

I am (We are)

- Owner(s) of Legal Title
 Owner(s) of Equitable Title
 Tenant(s) with permission of Owner(s) of Title
(Enclose letter attesting to same)

Date: _____

Signature of Applicant/Appellant:

Signature of Applicant/Appellant:

Zoning Hearing Board Application Checklist

- Application
- Code Enforcement Letter/Denial Letter (if applicable)
- Zoning Map (Request from Township)
- Tax Map (Request from Township)
- Site Plan
- Elevation Drawing (if applicable)
- Floor Plan (if applicable)
- Photos
- Engineering Review Letter (if applicable)
- Letters of Support (if applicable)
- Prior Zoning Hearing Board Decisions (Request from Township)

ALL APPLICATION PACKETS MUST BE COLLATED; SIX PACKETS REQUIRED
Clearly identify packet with original signatures.