TOWNSHIP OF HOPEWELL

APPLICATION FOR APPEAL
ZONING HEARING BOARD

A. Name of Appellant _____

   Address _____

   Phone Number _____

   Location of Property _____

   Interest in Property _____

   Tax Parcel Number _____

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B. Please check appropiate item below describing type of request;

   Dimensional Variance_____        Special Exception_____

   Validity Variance_____           Interpretation_____

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C.  Cite the specific section of the Hopewell Township Zoning Ordinance which
    applies to this appeal.

    Article_____, Section_____, Subsection _____

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D.  Please provide below or, on a separate sheet, a written description of the
    type of variance or special exception sought and the grounds for this request.

    _____

    _____

    _____

    _____

    _____

    _____

    _____

E. Please attach a plan sketch of the property involved showing at least the following:

1. Total Land Area

2. Existing and Proposed Uses

3. Yard sizes, Setbacks, and Building Sizes

4. Zoning District

The appellant should also provide a general location sketch showing surrounding land uses and a contour map of the property in question.

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F. Miscellaneous

1. The appellant is advised to secure legal counsel to assist in the preparation and presentation of this appeal before the Zoning Hearing Board.

2. The appellant or counsel is aware of the provisions of the Hopewell Township Zoning Ordinance concerning appeal proceedings; criterion for review of appeals; and the specific articles and sections applicable to appellants request.

3. The information required on the application is complete.

4. A fee in the amount of $_____ is included with this application.

### CERTIFICATION

The undersigned hereby certifies that the information contained herein is true and correct to the best of my knowledge.

_____
Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 19_____

_____
Notary

Seal:

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TOWNSHIP USE ONLY

Appeal Number_____

Fee _____

Receipt Number_____

Date of Receipt of Application

_____

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ZONING HEARING BOARD

APPLICATION FOR APPEAL

SUPPLEMENT


The applicant must provide names and addresses of all property owners within 200 feet of the property involved in this appeal.

The application will not be complete unless this information is provided.


NAME OF OWNER                    ADDRESS(Number and Street)

_____              _____

_____              _____

_____              _____

_____              _____

_____              _____

_____              _____

_____              _____

_____              _____