

NOTICE OF APPEAL  
TOWNSHIP OF BUSHKILL  
ZONING HEARING BOARD  
NAZARETH, PA 18064

Appeal is hereby made by the undersigned (check applicable item or items) from  
The action of the Zoning Officer in refusing my application for the Zoning Permit,  
dated \_\_\_\_\_, or Subdivision/Land Development submission  
known as \_\_\_\_\_ and dated \_\_\_\_\_, 20\_\_ for a  
special exception, variance or interpretation of Bushkill Township Zoning Ordinance.

Applicant \_\_\_\_\_  
Name Address Phone # / Fax #

Interest of Applicant if not owner \_\_\_\_\_  
(agent, lessee, prospective purchaser, other)

Owner \_\_\_\_\_  
Name Address Phone # / Fax #

Tax Map Reference Number Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Attorney (if any) \_\_\_\_\_  
Name Address Phone # / Fax #

1. Appeal relates to: (Check applicable items or terms)  
Use \_\_\_\_\_ Lot Area \_\_\_\_\_ Height \_\_\_\_\_ Yard Requirement \_\_\_\_\_

2. Brief description of real estate affected:  
Location \_\_\_\_\_ Lot size \_\_\_\_\_  
Zoning District \_\_\_\_\_ Present Use \_\_\_\_\_  
Percentage of existing building coverage \_\_\_\_\_ and existing impervious  
coverage \_\_\_\_\_. Existing height of structure \_\_\_\_\_.

3. If this is an appeal from the action of the Zoning Officer, complete the following:  
Date determination made \_\_\_\_\_  
Your statement of alleged error of Zoning Officer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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4. Action of the Zoning Hearing Board desired by applicant: \_\_\_\_\_

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5. Reasons applicant believes Zoning Hearing Board should consider approval of desired action (refer to section or sections of Ordinance under which it is felt that desired action may be allowed) and note whether hardship is not claimed and the specific hardship: \_\_\_\_\_

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6. Has a previous appeal been filed in connection with these premises? \_\_\_\_\_

If yes, when \_\_\_\_\_ and what for \_\_\_\_\_

7. Applicant's Name (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_

8. Owner's Name (Print) \_\_\_\_\_

(Signature) \_\_\_\_\_

9. Provide a list of all property owners within 500 feet of the property that will be affected by this appeal.

10. Provide a copy of a deed or agreement of sale of affected property.

**DO NOT MARK**

Received by Zoning Officer on \_\_\_\_\_, 20 \_\_\_\_

Appeal payment amount: \_\_\_\_\_