

TOWNSHIP OF MARION

BERKS COUNTY, PENNSYLVANIA
420 Water Street
Stouchsburg, PA 19567

FOR { APPLICATION NO. _____ }
OFFICIAL { DATE FILED _____ }
USE ONLY { FEE PAID _____ }

**NOTICE OF APPEAL OR APPLICATION TO THE
MARION TOWNSHIP ZONING HEARING BOARD**
(To be filed in triplicate)

Appeal to the Marion Township Zoning Hearing Board is hereby made by the undersigned (check applicable item or items)

- () from the determination of the Zoning Officer pertaining to Section _____ of the Zoning Ordinance.
- () from an enforcement notice dated _____.
- () for a variance from Section _____ of the Zoning Ordinance.
- () for a Special Exception permitted under Section _____ of the Zoning Ordinance.

Date of Zoning Officer's decision: _____. A copy of the zoning permit application and the Zoning Officer's decision or enforcement notice is attached hereto.

APPELLANT _____
(Name)

(Address)

(Telephone Number)

OWNER _____
(Name)

(Address)

(Telephone Number)

ATTORNEY (if any) _____
(Name)

(Address)

(Telephone Number)

1. Interest of Appellant

() Owner by deed dated _____

() Equitable owner under Agreement of Sale dated _____

() Lessee under lease dated _____. Lessee has permission of the owner of the property to present this application.

() Other (explain) _____

2. Application relates to: (check applicable item or items)

() Use () Lot Area () Yards () Height () Sign

() Existing Building () Proposed Building () Other

3. Brief description of real estate affected:

Location: (specific location, with direction and distance from nearest intersection) _____

Lot Size: _____

Present Use: _____

Present Zoning Classification _____

Present improvements upon the land _____

4. If this is an appeal from action of the Zoning Officer, specify the alleged error of the Zoning Officer:

5. Describe the relief desired by Appellant: _____

6. Describe the reasons Appellant believes Board should approve desired action (refer to action or sections of Ordinance under which it is felt that desired action may be allowed, and note whether hardship is [or is not] claimed, and the specific hardship).

7. Has a previous appeal been filed in connection with these premises? _____

If yes, list the following:

Date of prior Zoning Hearing Board decision: _____

Name of Applicant in prior decision: _____

Relief granted in prior decision: _____

8. The full names and addresses of all of the owners and occupiers of land which are located within 500 feet of the entire boundary line of the property for which zoning relief is now requested are as follows:

Name

Address

NOTE: Attach two copies of plan of real estate affected, drawn to scale and with a north arrow, indicating location and size of improvements now erected and proposed to be erected thereon, or other change desired, also any other information required by the Zoning Hearing Board. If more space is required, attach a separate sheet and make specific reference to the question being answered. In question 6 above, include the grounds for the appeal or reasons both with respect to law and fact for granting the appeal or the special exception or variance. Specifications or errors must state separately the appellant's objections to the action of the Zoning Officer with respect to each question of law and fact which is sought to be reviewed.

I HEREBY DEPOSE AND SAY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ANY PAPERS OR PLANS SUBMITTED HERewith ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DATE: _____

(Appellant)

(Appellant)