



Tel: (717) 776-7665  
Fax: (717) 776-1364  
[www.northnewtontownship.com](http://www.northnewtontownship.com)

# North Newton Township Cumberland County

528 Oakville Road  
Shippensburg, PA 17257

## NOTICE OF APPEAL OR APPLICATION FOR VARIANCE

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(I) (We) \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Mailing Address)

Request that a determination be made by the Zoning Hearing Board on the following appeal, which was granted/denied by the (Zoning Officer) (Planning Commission) (Township Supervisors) (Other) for the reason that it was a matter which in his/her/their opinion should properly come before the Board.

- An interpretation
- A variance

is requested to Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection \_\_\_\_\_, Paragraph \_\_\_\_\_ of the Zoning Ordinance for the reason that:

- It is an appeal for an interpretation of the ordinance or map.
- It is a request for a variance to the  area  frontage  yard  height  use or  Other \_\_\_\_\_

BRIEF DESCRIPTION OF REAL ESTATE AFFECTED		
<b>Property Address:</b>		
City:	State:	Zip:
Tax Parcel No.	Zoning District:	Public Water <input type="checkbox"/> Yes <input type="checkbox"/> No Public Sewer <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Size:	Present Use:	
Proposed Use:		

(I) (We) believe that the Zoning Hearing Board should approve/deny this request because: (include the grounds for appeal or reasons both with respect to law and fact for granting/denying the appeal or variance, and if hardship is claimed, state the specific hardship)

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Has any previous application or appeal been filed in connection with these premises?

- No  Yes (date if known) \_\_\_\_/\_\_\_\_/\_\_\_\_

What is the approximate cost of the work involved? \_\_\_\_\_

Note: This application must be filled out in duplicate. The original shall be deposited with the Zoning Hearing Board Secretary and a copy with the Township Secretary. A copy of the plan of real estate affected showing location and size of lot, the size of improvements now erected or proposed to be erected, or other change desired, together with any other information required by the Zoning Hearing Board, must be attached to the original copy of the application. If more space is required, attach a separate sheet to each copy of this application and make specific reference to the question being answered. An additional fee may be assessed to cover personnel compensation, notice, advertising and overhead costs.

*I hereby certify that all of the above statements and the statements contained in any papers of plans submitted herewith are true to the best of my knowledge and belief.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Applicant: (Print) Signature Date  
Applicant is:  Owner  Contractor  Agent  Other: \_\_\_\_\_

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### **OFFICIAL USE ONLY**

Date Hearing Advertised \_\_\_\_\_ Appeal No. \_\_\_\_\_  
Fee Tendered \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_