

NOTICE OF APPEAL

Do not write in this space. For office use only.

Date hearing Advertised: _____ Appeal No. _____

Fee Paid: _____ Receipt No.: _____

**ZONING HEARING BOARD
TOWNSHIP OF MAPLE**

Phone: _____

Date: _____

I/We _____ of _____
Name Mailing Address

Request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Building Inspector on _____, 20__.

- An Interpretation A Special Exception A Variance relating to the Area Frontage
 Yard Height Use or
(state, if request is for purpose other than those enumerated)

Is requested to

Article _____ Section _____ Paragraph _____

Article _____ Section _____ Paragraph _____

Article _____ Section _____ Paragraph _____

The description of the property involved in this appeal is as follows:

Location: _____

Present Use: _____ Zone District: _____

Proposed Use: _____

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

Sworn to and subscribed before me this _____ Day of _____ 20__.

Notary Public

Signature of Petitioner

Signature of Petitioner