

Easttown  *Township*

EASTTOWN TOWNSHIP
ZONING HEARING BOARD
APPLICATION

Name of Applicant: _____

Address of Applicant: _____

_____ Telephone No. _____

Location of Property: _____

Owner of Property: _____ Zoning District: _____

Relationship to Owner: _____
(Tenant, Equitable Owner, Owner)

Request for: Variance per Section(s) _____

Special Exception per Section _____

Appeal of Zoning Officer's Decision
Per Letter Dated: _____

Nature of Request:

Signature: _____

Date: _____

Attachments: _____

Fee: _____