



Date Stamp

APL _____
 Planner: _____
 Hearing Date: _____

Application for an Appeal

Fee*: \$ _____

Make checks payable to PWC
 (*in accordance with current [Fee Schedule](#))

Applicant Information	Name		Title	
	Mailing Address		City/State	Zip Code
	Email		Phone	
Owner Information Same as Applicant	Name			
	Mailing Address		City/State	Zip Code
	Email		Phone	
Property Information	Address		City/State	Zip Code
	GPIN (Grid Parcel Identification Number)		Lot Size (Acres or Square Feet)	
	Zoning District		Magisterial District	
Subject of Appeal	This is an application to the Board of Zoning Appeals or the Board of County Supervisors for an appeal from the following determination by the Zoning Administrator: _____			
Justification for an Appeal	Applicant statement (Use additional pages if necessary)			

I hereby certify that the information provided in this application and the attached evidence is accurate, true and correct to the best of my knowledge and belief.

Applicant Signature: _____ Date: _____

Receipt #: _____ Date: _____

Appeal Checklist

THE BOARD WILL HEAR ALL REQUESTS FOR AN APPEAL WITHIN 90 DAYS FROM THE RECEIPT OF THE COMPLETED APPLICATION.

THE COMPLETED APPLICATION MUST BE RECEIVED BY CLOSE OF BUSINESS DAY NO LATER THAN 30 DAYS FROM RECEIPT OF A VIOLATION NOTICE AND CORRECTION ORDER OR ZONING DETERMINATION.

THE FOLLOWING INFORMATION MUST ACCOMPANY AN APPLICATION TO THE BOARD AND IS TO BE **PROVIDED BY THE APPLICANT**

The application form must be completed by the applicant in its entirety. Incorrect or inaccurate information may result in dismissal of the application for a variance.

Attach a complete justification statement and the rationale for the appeal

Attach any applicable background information

The fee in accordance with the current fee schedule.

THE FOLLOWING INFORMATION **WILL BE PROVIDED TO THE APPLICANT BY**
THE ZONING ADMINISTRATION DIVISION OF THE PLANNING OFFICE

Hearing date, which will be the next applicable agenda date. All cases will be heard within ninety (90) days from receipt of the completed application.

Applicant will receive a Board of Zoning Appeals Resolution of Action following the hearing.

Application received from: _____ Date: _____

Application received by: _____ Date: _____