Date Received: _	
Received by: _	
Fee:	\$600.00

EAST FRANKLIN TOWNSHIP ZONING HEARING BOARD

REQUEST FOR ZONING HEARING

Name of Applicant:Address:		Phone:
Request for a Hearing for:		☐ Special Exception
Your request for a permit was denied according to: Ordinance: Section(s):		
Describe your request for which a Zoning Hearing is being i	request	ied:
Description of Property:		Zoning District
Nearest public road intersection:	ection:	and
The following items are attached: Plot Plan or Property Survey Deed or Instrument of Ownership Agreements that are recorded with the land Other:		Photographs Restrictions
Owner's Affidavi State of Pennsylvania		
County of Armstrong I being duly sworn property involved in this request and that the foregoing state the information herewith submitted are in all respects true and belief.	depos ements and c	ses and say that I am an owner of and answers herein contained and orrect to the best of my knowledge
Subscribed and sworn to before me this day of		, 20
Notary Public		SEAL