

**Application to White Haven Borough
Zoning Hearing Board or Governing Body**

1. Name, address and phone number of Applicant:

2. Name, address and phone number of Landowner (if different than applicant):

3. Zoning District in which the subject property is located:

4. Present use of land and structure(s):

5. Proposed use of land and structure(s): _____

6. Type of Appeal (check whichever is applicable to your request):

_____ A Variance under §1109 of the Zoning Ordinance.

_____ A Special Exception under §1110 of the Zoning Ordinance.

_____ A Conditional Use under §1111 of the Zoning Ordinance.

Other (explain): _____

7. Based upon the type of appeal listed under item number 6 above, specifically state the nature of your request, including the grounds in support of your appeal.

8. List the names and addresses of all adjoining property owners, including those located immediately across a street from the property subject to the application.

Signature of Landowner

Date

Signature of Applicant

Date

For Borough Use Only

A. Fee Paid: \$ _____ Date Paid: _____ Manner of Payment: _____

B. Date of Receipt of Appeal: _____

C. Date of Hearing: _____

D. Date of Decision: _____

E. Attach the Zoning Permit Application Denial Letter or the Enforcement Notice being
Appealed signed by the Zoning Officer.