

**LONDERRY TOWNSHIP ZONING HEARING BOARD
APPLICATION FOR HEARING**

DATE: _____

1. _____
NAME OF APPLICANT

2. _____ (____) _____
ADDRESS Phone Number

OWNER OF REAL ESTATE:

3. _____
NAME OF OWNER

4. _____ (____) _____
ADDRESS Phone Number

5. _____ (____) _____
NAME OF ATTORNEY Phone Number

6. **BRIEF DESCRIPTION AND LOCATION OF THE REAL ESTATE:** _____

7. **ZONING CLASSIFICATION OF THE REAL ESTATE:**

8. **LIST STRUCTURES ON THE PROPERTY:**

9. **PRESENT USE OF THE PROPERTY:**

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10. SECTION(S) OF THE ZONING ORDINANCE FOR WHICH RELIEF IS BEING SOUGHT?

11. PLANNED ADDITIONS OR IMPROVEMENTS: (PLEASE DESCRIBE THESE IMPROVEMENTS AND PROVIDE A SKETCH WITH DIMENSIONS:

12. THIS APPLICATION MUST BE ACCOMPANIED BY A CHECK FOR THE CORRECT FEE AMOUNT PAYABLE TO LONDONDERRY TOWNSHIP.

Date

Date

Signature – Secretary

Signature - Applicant