Date Hearing Advertised _____ Appeal No. _____

Date Fee Paid _____ Date _____

Date Deemed Filed _____

GRANVILLE TOWNSHIP BOARD OF SUPERVISORS
NOTICE OF APPEAL

I (we) _____ of _____
(Name) (Mailing Address)

_____ request that a determination be made by the Board
(Mailing Address cont.)

of Supervisors on the following appeal for the reason that it was a matter which, in the opinion of the Code Officer, should properly come before the Board.

A Conditional Use under _____ of the Zoning Ordinance for the reason that:

_____ It is a conditional use to the ordinance on which Board of Supervisors is required to pass.

The description of the property involved in this appeal is as follows:

Location: _____

_____

Lot Size _____

Present Use _____

Zoning District _____

Present Improvements Upon the Land _____

_____

Proposed Use_____

I (we) believe that the Board should approve this request because: (include the grounds for appeal or reasons, both with respect to the law and fact, for granting the appeal, conditional use, and if hardship is claimed, state the specific hardship).

_____

_____

_____

_____

_____

_____

_____

_____
(Signature of Owner or Owner's Agent)

_____
(Date)