

**ZONING HEARING BOARD
BOROUGH OF SINKING SPRING
3940 PENN AVENUE
SINKING SPRING, PA 19608**

Phone: 610-678-4903 Fax: 610-678-5802

FOR(Application No. _____)

OFFICIAL(Date Filed _____)

USE ONLY(Fee Paid _____)

**NOTICE OF APPEAL OR APPLICATION TO THE
ZONING HEARING BOARD
OF THE BOROUGH OF SINKING SPRING
(Six Copies To Be Filed)**

APPEAL to the Zoning Hearing Board of the Borough of Sinking Spring is hereby made by the Undersigned Appellant (Check applicable item or items)

_____ from the determination of the Zoning Officer pertaining to section _____ of the Zoning Ordinance.

_____ from an enforcement notice dated _____.

_____ for a variance from section _____ of the Zoning Ordinance.

_____ for a Special Exemption permitted under Section _____ of the Zoning Ordinance.

If applicable: Date of Zoning Officer's decision: _____. A copy of the zoning permit application and the Zoning Officer's decision or enforcement notice is attached hereto.

APPELLANT: _____
(Name)

(Address)

(Telephone Number)

OWNER: _____
(Name)

(Address)

(Telephone Number)

ATTORNEY:(If any) _____
(Name)

(Address)

(Telephone Number)

1. Interest of Appellant:(Check applicable item or items)

____ Owner by deed dated _____

____ Equitable owner under Agreement of Sale dated _____

____ Lessee under lease dated _____. Lessee has permission of the owner of the property to present this application.

____ Other(explain) _____

2. Application relate to:(Check applicable item or items)

____ Use ____ Existing Building ____ Lot Area ____ Yards

____ Height ____ Proposed Building ____ Sign ____ Other

3. Brief description of real estate affected:

Location: (Specific location, with direction and distance from nearest intersection)

Lot Size: _____

Present Use: _____

Present Zoning Classification: _____

Present improvements upon the land: _____

4. This is an appeal from action of the Zoning Officer, specify the alleged error of the Zoning Officer: _____

5. Describe the relief desired by Appellant: _____

NOTE: Attach to each copy of this Notice or Application a plan of the real estate affected, drawn to scale and with a north arrow, indicating location and size of improvements now erected and proposed to be erected thereon, or other change desired, also any other information required by the Zoning Hearing Board. If more space is required, attach a separate sheet and make specific reference to the question being answered. In your answer to question 6 above, include the grounds for the appeal or reasons both with respect to law and fact for granting the appeal or the Special Exception or Variance. Any claim of error of the Zoning Officer must state separately the Appellant's objection to the action of the Zoning Officer with respect to each question of the law and fact which is sought to be reviewed.

I HEREBY DEPOSE AND SAY THAT ALL OF THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ANY PAPERS OR PLANS SUBMITTED HERewith ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Appellant

Date

Send four (4) copies of the completed application and all supporting documentation for Appeal/Variance/Special Exception to:

Andrew S. George Esq., Solicitor
Zoning Hearing Board of Borough of Sinking Spring
2640 Westview Drive
Wyomissing, PA 19610

Please forward a check in the amount of \$750.00 (seven hundred fifty dollars), made payable to the BOROUGH OF SINKING SPRING and two (2) additional copies of the completed application and all supporting documentation to:

Mrs. Elizabeth Eagelman, Secretary
Borough of Sinking Spring
3940 Penn Avenue
Sinking Spring, PA 19608

PLEASE NOTE: PLEASE BE ADVISED THAT ALL OF THE REQUESTED INFORMATION AND FILING FEE MUST BE SUPPLIED BY THE APPLICANT. FURTHERMORE, ANY APPLICATIONS WHICH ARE DEEMED TO BE INCOMPLETE BY EITHER THE BOROUGH SECRETARY, THE ZONING OFFICER AND/OR THE ZONING HEARING BOARD'S SOLICITOR, SHALL BE REJECTED. FURTHERMORE, NO HEARINGS WILL BE SCHEDULED UNLESS AND UNTIL A COMPLETE APPLICATION HAS BEEN RECEIVED BY THE MUNICIPALITY.