

**EAST HANOVER TOWNSHIP, DAUPHIN COUNTY, PA**  
**ZONING HEARING BOARD**  
**APPLICATION FOR APPEAL OF DETERMINATION FROM**  
**ZONING OFFICER OR ENGINEER NO. \_\_\_\_\_**  
(Section 604.5 through 604.9)

**GENERAL INFORMATION**

Name of Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Application Date \_\_\_\_\_

Name of Landowner of Record \_\_\_\_\_

Subject Property Address \_\_\_\_\_

\_\_\_\_\_

Subject Property Zone \_\_\_\_\_

Nature of Request (Section Nos. \_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

Name, address and telephone of representative or consultant \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL REQUIREMENTS** (Include 5 copies of each of the following).

- \_\_\_\_\_ 1. Written description of the appeal with sufficient detail to explain the reasons therefore, including a reference of the specific ordinance language in question; and
- \_\_\_\_\_ 2. If applicable, a scaled site plan of sufficient detail and accuracy to demonstrate the nature of the appeal.

**FEES**

1. The hearing fee is \$ \_\_\_\_\_ pursuant to Section 702 of the Zoning Ordinance.
2. The applicant shall be required to pay all public notice and advertising costs as specified in Section 603.1.2. of the Zoning Ordinance.
3. The applicant shall pay for one-half (1/2) of the stenographer's appearance fee as specified in Section 603.7 of the Zoning Ordinance.

**SIGNATURE**

I hereby certify that the information submitted in accordance with this application is correct, and I further agree to pay for those costs outlined above.

\_\_\_\_\_, \_\_\_\_\_  
**Applicant's Signature** , **Date**

**ADMINISTRATION**

Date Application Accepted \_\_\_\_\_ Total Costs \_\_\_\_\_

Dates Advertised (two successive weeks no more than 30 and no less than 7 days before hearing)

\_\_\_\_\_

Property Posting (at least one week before hearing) \_\_\_\_\_

Date of Hearing (within 60 days of application) \_\_\_\_\_

Date of Decision (within 45 days of last hearing) \_\_\_\_\_

Decision \_\_\_\_\_

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\_\_\_\_\_  
**Chairman**

\_\_\_\_\_  
**Vice Chairman**

\_\_\_\_\_  
**Secretary**