

**APPEAL FROM THE DECISION OF ZONING OFFICER  
HONESDALE BOROUGH  
ZONING HEARING BOARD  
HONESDALE, PENNSYLVANIA**

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of Affected Property Owner (If Different Than Applicant): \_\_\_\_\_

Mailing Address of Affected Property (If Different than Above): \_\_\_\_\_

\_\_\_\_\_

1. Location Description of Affected Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Statement of Present Zoning Classification of the Affected Property, Improvements Thereon, and Present Use Thereof: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Nature of Appeal (please attach a copy of the Approval, Denial or Zoning Violation Notice): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Brief Statement Regarding Why You Believe Action Taken Was Inappropriate: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Borough Use Only:**

<b>HEARING DATE:</b>		<b>COMMENTS/REMARKS:</b>
<b>TIME:</b>		
<b>HEARING FEE:</b>		
<b>APPEAL:</b>	<input type="checkbox"/> <b>SUSTAINED</b> <input type="checkbox"/> <b>OVERRULED</b>	