

**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:

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