

ZONING HEARING BOARD  
TOWNSHIP OF RICHMOND

NOTICE OF APPEAL

APPEAL NO. \_\_\_\_\_

DATE \_\_\_\_\_

Appeal is hereby made by the undersigned (check applicable item or items)

- (        )      from the action of the Zoning Officer in refusing my application for a Zoning Permit dated \_\_\_\_\_.
- (        )      from the action of the Zoning Officer in refusing my application for a Certificate of Use and Occupancy dated \_\_\_\_\_.
- (        )      for a special exception from the terms of the Richmond Township Zoning Ordinance.
- (        )      for a variance from the terms of the Richmond Township Zoning Ordinance.

APPELLANT: \_\_\_\_\_  
  (name)

(address) \_\_\_\_\_

\_\_\_\_\_ (phone)

LAND OWNER: \_\_\_\_\_  
  (name)

(address) \_\_\_\_\_

\_\_\_\_\_ (phone)

ATTORNEY: \_\_\_\_\_  
[if any]                                      (name)

(address) \_\_\_\_\_

\_\_\_\_\_ (phone)

Interest of Appellant if not Owner: \_\_\_\_\_  
(agent, equitable owner, lessee, etc.)



Zoning Appeal

4. Reason Appellant believes the Zoning Hearing Board should approve desired action. (Refer to section or sections of Ordinance under which it is felt that desired action may be allowed. Note whether hardship is or is not claimed and the specific hardship.)

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5. Has a previous appeal been filed in connection with these premises? \_\_\_\_\_ (yes or no)  
(If yes, give pertinent data) \_\_\_\_\_

6. Cite specific sections of the Zoning Ordinance from which relief is requested.

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NOTE: Attach one copy of plan of real estate affected, indicating location and size of lot, size of improvements now erected and proposed to be erected thereon, or other change desired, also, any other information pertinent to the Appeal. If more space is required, attach a separate sheet and make specific reference to the question being answered thereon. In number 4, 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. Specifications of errors must state separately the appellant's objections to the action of the Zoning Officer with respect to each question of law and fact which is sought to be reviewed.

List below and provide address information for other parties in interest who should be notified of the Hearing on the Property that is the subject of this appeal. (Name any tenant living on the Property. Name all abutting property owners and the owners of other properties located within 500 feet of the Property.)

Name

Address, including Zip Code

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I hereby certify that all the foregoing statements and the statements contained in any papers or Plans submitted herewith are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Appellant)

\_\_\_\_\_  
(Witness to Signature)

\_\_\_\_\_  
(Appellant)

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A deposit of **\$750.00 for Residential Application and \$1,250.00 for Non Residential Application** shall be made with the Township of Richmond when an appeal is filed.

No continued hearing will be held and no decision will be given until the Township of Richmond has been paid for all costs, or, arrangements satisfactory to the Township of Richmond have been made for payment thereof.