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Middle Paxton Township

**MIDDLE PAXTON TOWNSHIP, DAUPHIN COUNTY
APPEAL FROM DETERMINATION OF ZONING OFFICER**

Please use blue or black ink to complete this form

Date: _____ Case No: _____

Name of Appellant(s): _____

Address of Appellant(s): _____

Telephone Number and Email Address (if available) of Appellant(s):

Address of Property Subject to Zoning Officer's Determination:

PARCEL # _____ Zoning District: _____

1. Identify the Zoning Officer's Determination being appealed and attach a copy of that Determination. _____

2. Briefly explain how you are aggrieved by the Zoning Officer's Determination. (Please attach additional sheets of paper if you require additional space.) _____

3. Specify the relief you seek from the Zoning Hearing Board. (Please attach additional sheets of paper if you require additional space.) _____

4. Briefly state the basis of your appeal and reference the legal authority (ordinance, statute or case law), if any, which you intend to rely upon at the hearing. (Please attach additional sheets of paper if you require additional space.) _____

5. Will Appellant be represented by an attorney? _____. If yes, please provide the attorney's name and address: _____

6. Identify all witnesses who will testify on your behalf:

Name:	_____	_____
Address:	_____	_____
	_____	_____

Name:	_____	_____
Address:	_____	_____
	_____	_____

APPELLANT

By: _____

Print Name: _____

Date: _____



(Official Use Only)

Date Received: _____ Check Number: _____ Site Visit Date: _____

Hearing Publication Date: _____ Newspaper: _____

Notices Posted: _____

Hearing Date: _____ Time: _____ Place: _____