

**EDWARDSVILLE BOROUGH
ZONING HEARING BOARD
APPLICATION FOR APPEAL AND HEARING**

1. NAME, ADDRESS AND PHONE NUMBER OF APPLICANT:

2. NAME, ADDRESS AND PHONE NUMBER OF OWNER, IF THE APPLICANT IS NOT THE OWNER OF THE SUBJECT PROPERTY:

3. ZONING DISTRICT IN WHICH THE SUBJECT PROPERTY IS LOCATED: _____

4. DESCRIBE PRESENT USE OF LAND AND/OR STRUCTURE(S):

5. DESCRIBE PROPOSED USE OF LAND AND/OR STRUCTURE(S):

6. TYPE OF APPEAL:

- A. A VARIANCE
- B. A SPECIAL EXCEPTION
- C. A REVIEW OF THE DECISION OF THE ZONING OFFICER
- D. A VALIDITY CHALLENGE BASED UPON SUBSTANTIVE GROUNDS

BASED UPON THE ABOVE INDICATED ITEMS, SPECIFICALLY STATE THE NATURE OF YOUR REQUEST, APPEAL AND/OR CHALLENGE TO THE ZONING HEARING BOARD; ATTACH ADDITIONAL SHEETS IF NECESSARY

- 7. A COPY OF YOUR APPLICATION FOR A ZONING PERMIT AND/OR NOTICE OF A ZONING VIOLATION (*IF APPLICABLE*) AND ANY RELATED INFORMATION FROM ZONING OFFICER MUST ACCOMPANY THIS APPLICATION.
- 8. SPECIFICALLY STATE THE GROUNDS BASED UPON THE ZONING ORDINANCE AND/OR ANY OTHER RELATED OR APPROPRIATE GROUNDS WHICH CAN SUPPORT AND/OR SUBSTANTIATE THE REQUEST, APPEAL AND/OR CHALLENGE CONTAINED IN THIS APPLICATION; ATTACH ADDITIONAL SHEETS IF NECESSARY.

Signature of Applicant

Date

Signature of Owner (if necessary)

Date

FOR BOROUGH USE ONLY

- A. Zoning Permit Application Number: _____
- B. Date of Written Request for Hearing: _____

- C. Publication Dates of Public Notice: _____
- D. Date of Hearing: _____
- E. Decision of Board: _____
- F. Date Decision Rendered: _____