

**CONEMAUGH TOWNSHIP**  
**Somerset County, Pennsylvania**  
**ZONING HEARING BOARD**

This form must be completed and filed in duplicate - one copy with the Administrative officer and one copy with the Board of Adjustment. Fee for Appeal Hearing, Variance or Special Exception (~~\$400.00~~ - non-commercial use, ~~\$700.00~~ commercial use) shall be enclosed when submitting Application, and made payable to "Conemaugh Township Supervisors".

**APPEAL OR APPLICATION OF**

The undersigned \_\_\_\_\_ hereby  
Name of (APPELLANT) (APPLICANT)  
represents as follows:

1. The premises in question are situated at \_\_\_\_\_
2. The owner(s) of said premises (is) (are) \_\_\_\_\_ whose address(es) (is) (are) \_\_\_\_\_
3. The deed evidencing such ownership bears date \_\_\_\_\_ and is recorded in Deed Book No. \_\_\_\_\_ Page \_\_\_\_\_
4. The description of said premises as set forth in the deed and a complete and exact quotation from any deed or other restriction, condition, covenant or other matters affecting the use to which the premises in question may be put are annexed as Exhibit A.
5. A plan or drawing of the lot or tract in question showing existing improvements thereon, and pro-posed to be made thereon, if any, is annexed hereto as Exhibit B.
6. The premises in question are now used for \_\_\_\_\_ . The zone is \_\_\_\_\_

7. The names of the owners of property adjoining the premises in question and their respective addresses are:  
\_\_\_\_\_  
\_\_\_\_\_

8. The names of the owners or occupiers of every lot on the same street within five hundred feet of the premises in question, and of every lot not on the same street within one hundred fifty feet of the premises, and their respective addresses are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Use in Case Of Appeal)**

9. The undersigned appeals from the order, requirement, decision or determination of the Zoning Officer made on \_\_\_\_\_, 200\_\_\_\_, which was as follows: (Quote or if insufficient space, annex test as an exhibit.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. The aforesaid order, requirement, decision or determination should be revoked, nullified, reversed or overruled as the case may be for the following reason(s):  
(Cite sections of Zoning Ordinance deemed in support of reason(s) given.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

