

**HARPERSFIELD TOWNSHIP
BOARD OF ZONING APPEALS
APPEALS APPLICATION**

Date: _____

Applicant: _____

Mailing address: _____

Phone: Home _____ Business: _____

The undersigned requests review of the decision by the Zoning Administrator of an application filed on _____, 20 ____, and denied on _____, 20 ____. It is the applicant's contention that the following error was made in the determination of the Zoning Administrator:

Applicant: _____
Signature of Applicant

Date filed: _____

Date of notice to Parties in Interest: _____

Date of notice to newspaper: _____

Date of Public Hearing: _____

Decision of Board of Zoning Appeals: Approved _____ Denied _____

If approved, the following conditions and safeguards were imposed:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____