



BOROUGH

OF

SLIPPERY ROCK

SLIPPERY ROCK, PENNSYLVANIA, 16057 • TELEPHONE: 724/794•6391 • FAX: 724/794•6448

**ZONING HEARING BOARD
APPLICATION**

APPEAL NO _____.

Date of application: _____ Deadline for application: _____

I,(WE), _____ of _____
(name of applicant) (street address)

hereby request a hearing from the Zoning Hearing Board regarding the decision rendered by the Zoning and Code Officer. The Officer did:

() Grant () Deny said permit at:

1. Location of property: _____
(address)

2. Provisions of Ordinance No: _____
(no.) (section) (sub-section(s))

3. Type of appeal:

- () a variance to the Zoning Ordinance
- () a temporary use permit
- () a special exception under the Zoning Ordinance
- () an interpretation of the Zoning Ordinance or Map
- () an expansion of a non-conforming use

Reason for appeal: _____

Code Enforcement Officer Comments: _____

Signature of applicant(s) _____ Date: ____ / ____ / ____.

Fee: \$ 300.00 Payment received by _____ Date: ____ / ____ / ____.