

PORTER TOWNSHIP ZONING HEARING BOARD

APPLICATION FOR HEARING

Applicant: _____ Landowner: _____

Address: _____ Address: _____

1. Type of Action:

Variance Request _____

Appeal from Action of Zoning Officer _____

Unified Appeal _____

Validity Challenge: Ordinance _____ Map _____

2. Type of Standing:

Landowner _____ Aggrieved Person _____ Municipality _____

If type of standing is aggrieved person, please explain: _____

3. Location of Premises: _____

4. Present Zoning: _____

5. County Tax Map Parcel Number: _____

6. Provision(s) of Porter Township Zoning Ordinances under which application is made. State exactly the relief you are seeking by making this application.

(If more space is needed, use a separate sheet of paper and attach it to the application.)

7. Attachments: (if necessary)

Applicant's signature: _____

Date: _____