

OFFICE USE ONLY

Date of Filing _____ Appeal # _____

Date Hearing Advertised _____

Fess Paid _____ Date _____

Received By _____ Date _____

Town of Bloomsburg
301 East Main Street
Bloomsburg, PA 17815

APPEAL OF DECISION OF ZONING OFFICER

The Undersigned appeals the decision of the Zoning Officer of the Town of Bloomsburg to the Bloomsburg Zoning Hearing Board in accordance with the Chapter 27 the Code of Ordinances of the Town of Bloomsburg.

1. Appellant:

Name _____

Address _____

Phone _____

2. Property Location:

3. What decision of the Zoning Officer are you appealing and attached a copy of this to your application.

4. Give detailed statement of the appeal including the grounds thereof and the reasons(s) alleged by the appellant that the Zoning Officer has failed to follow prescribed procedures or has misinterpreted or misapplied any provision of a valid ordinance or map or any valid rule or regulation governing the action of the Zoning Officer. Nothing contained herein shall be construed to deny to the appellant the right to proceed directly in court, where appropriate, pursuant to PA. R.C.P., §§ 1091 and 1098 relating to mandamus.
5. Attach all documents relating to the decision of the Zoning Officer to this application.
6. Enclose a check, money order in the amount of \$550.00.

I hereby request a hearing before the Zoning Hearing Board of the Town of Bloomsburg and certify that the facts set forth in the above application are true. I understand that if application is not complete or if information requested is not provided that appeal can be rejected the Bloomsburg Zoning Hearing Board as an incomplete application.

Date

Applicant

1/12/2021