

APPLICATION FOR VARIANCE OR
APPEAL TO ZONING BOARD OF APPEALS

Date Rec'd _____

Name of Applicant: _____

Map _____ Lot _____ Book _____ Page _____
(Assessor Maps) (Cumberland County)

Mailing Address: _____

Telephone Numbers: Home _____ Office _____
(Please provide at least 2) Cell _____

Email address: _____

Name of Property Owner: _____

Owner(s) Address: _____

SECRETARY WILL PREPARE THE LIST OF ABUTTERS WITHIN 500' OF
THE PROPERTY REQUESTING VARIANCE OR APPEAL.

APPLICANT WILL NOTIFY THE ABUTTERS BY CERTIFIED MAIL,
RETURN RECEIPT REQUESTED NO LATER THAN 10 DAYS BEFORE THE
DATE OF THE MEETING.

The undersigned requests that the Board of Appeals consider
the following: (check appropriate request)

- ___ 1. Administrative Appeal
- ___ 2. Dimensional Variance Appeal
- ___ 3. General Variance

DESCRIBE THE SPECIFIC REQUEST:

