

**LONDONDERRY TOWNSHIP ZONING HEARING BOARD  
APPLICATION FOR HEARING**

DATE: \_\_\_\_\_

1.

NAME OF APPLICANT

2.

( )

ADDRESS

Phone Number

3.

WHO OWNS THE REAL ESTATE THIS APPLICATION CONCERNS?

a.

NAME OF OWNER

b.

( )

ADDRESS OF OWNER

Phone Number

4.

( )

NAME OF ATTORNEY

Phone Number

5. GIVE A BRIEF DESCRIPTION AND THE LOCATION OF THE REAL ESTATE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. WHAT IS THE ZONING CLASSIFICATION OF THE REAL ESTATE?

\_\_\_\_\_

7. WHAT STRUCTURES ARE ON THE PROPERTY?

\_\_\_\_\_

8. WHAT IS THE PRESENT USE OF THE PROPERTY?

\_\_\_\_\_  
\_\_\_\_\_

9. UNDER WHAT SECTION(S) OF THE ZONING ORD NANCE DO YOU SEEK RELIEF?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

