

## Alaiedon Township

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### For Office Use Only

RECEIVED BY: \_\_\_\_\_

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

FEE PAID RECEIPT # \_\_\_\_\_

## VARIANCE APPLICATION

To: The Alaiedon Township Zoning Board of Appeals:

I / We, \_\_\_\_\_, title

holder(s) of the property located at: Address: \_\_\_\_\_

Tax I.D # \_\_\_\_\_ request to have the Zoning Board of Appeals hear the  
appeal of the above owners for the described property below:

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The Property is currently Zoned: \_\_\_\_\_

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Reason for the Variance Request: \_\_\_\_\_

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Signature of Applicant

Date

Address

Phone

Email