

**JACKSON TOWNSHIP BOARD OF ZONING APPEALS
APPEAL APPLICATION**

Appeal No.: _____ Filed: _____

Date of Zoning Inspector's Decision: _____

Application No.: _____

Property Owner:

Applicant/Agent:

Name:

Name:

Address:

Address:

City, State, Zip:

City, State, Zip:

Telephone:

Telephone:

PREMISES AFFECTED:

I hereby appeal to the Board of Zoning Appeals of Jackson Twp. for the following: (1) Approval of variance for; (2) Granting of CUP for; (3) Appeal from the action of Zoning Inspector; (4) Request approval of:

For the following reason(s):

Filing Fee:	Variance, Renewal or Review request:	\$350.00
	Conditional Use or other request:	\$400.00

Acceptance of this application is not an acknowledgment that the application is complete. By signing this application I give my permission to Zoning personnel to access the premises affected (property) for purposes of investigation of this request.

Appellant's signature

I hereby certify that I am the property owner for the property in which appeal in being filed and hereby give the applicant/appellant permission to submit on my behalf the Jackson Township Board of Zoning Appeals application

Property Owner

Filing fee: _____ Date paid: _____ Receipt No.: _____ Check _____
Cash _____

Applicant should be aware the Board reserves the right, prior to issuance of any granted permit, to require the reduction and filing with the Board any display documents, drawings, etc., which are of such a nature that the applicant is unable to leave the original document, or that it is of such a size or made of such a material as to be impractical to be made a part of the file. All such oversize documents must be reduced to not more than 11" by 18".

Applicant will be responsible for additional costs incurred in the event of readvertisement and renotification or special studies deemed necessary by the Board.

Secretary, Board of Zoning Appeals

Appeal must be filed with the Township Zoning Inspector and the Board of Zoning Appeals within twenty (20) days after the decision of the Zoning Inspector.

APPEALS NO. _____

DATE FILED _____

FEES _____

DATE PAID _____

Upon the basis of the above application, the statements in which are made a part hereof, the proposed usage is not found to be in accordance with the Jackson Township Zoning Regulations and is hereby not approved in the following Section _____

ZONING CERTIFICATE IS REFUSED for the following reason:

AN APPEAL IS REQUESTED for the following:

DATE: _____

Zoning Inspector

Appellant Acknowledges

NOTE: No permit fee accepted, pending action of the Board of Zoning Appeals.

Any appeal of the ruling of this application must be made within twenty (20) days or not later than _____.

Construction of use shall cease until a proper resolution is reached.