

BOROUGH OF MALVERN
CHESTER COUNTY
MALVERN, PA 19355

APPEAL TO ZONING HEARING BOARD

APPEAL NO: _____ DATE: _____

APPLICANT _____ NAME OF ATTORNEY _____

ADDRESS _____ ADDRESS _____

OWNER OF PROPERTY _____

LOCATION OF PROPERTY _____

TAX PARCEL NO. _____

DESCRIPTION OF PROPERTY: _____

SPECIFIC ACTION OF ZONING OFFICER APPEALED : _____

APPLICABLE SECTION (S) OF ZONING ORDINANCE : _____

OTHER COMMENTS _____

ZONING DISTRICT _____

APPLICATION FEE: (\$500.00) _____

APPLICANT OR ATTORNEY SIGNATURE