



**Community Development
Department**

100 Parklane Drive • Eagleville, PA 19403
Phone: (610) 635-3514 • Fax: (610) 539-6347
www.lowerprovidence.org

**LOWER PROVIDENCE TOWNSHIP ZONING HEARING BOARD
APPLICATION FOR EXTENSION of DECISION**

Applicant(s) Name

Street Address

City, State & Zip Code

Email Address

() _____
Phone Number

_____ Appeal Number	
_____ Hearing Dates	
_____ Application Fee	_____ ck#
_____ Date Stamp Received (For Official Use Only)	

Please provide the requested information about the property involved in this zoning hearing appeal as described below(if different from above):

Location(if different from above)

Prior Decision Number (if known): _____

Reason for Extension:

Requested date extended to: _____

I hereby certify that all of the above statements contained in this zoning appeal application and any papers or plans submitted with this zoning appeal to the Lower Providence Township Zoning Hearing Board herewith are true and correct to the best of my knowledge and belief.

Date _____

(Print Name of applicant(s))

Date _____

(Signature of applicant(s))

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF MONTGOMERY

As subscribed and sworn to before me this _____ day of _____, 200__

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year aforesaid.

(SEAL)

NOTARY PUBLIC