



Bureau of Planning and Zoning  
435 Hamilton Street  
Allentown PA 18101-1699  
(610) 437-7630 Fax (610) 437-8781

**ZONING HEARING BOARD**

Property Address \_\_\_\_\_

Application # \_\_\_\_\_

Zoning District \_\_\_\_\_

Lot Size \_\_\_\_\_

APPLICANT: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

OWNER: NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

**NOTICE OF APPEAL**

**TO: THE ZONING HEARING BOARD OF THE CITY OF ALLENTOWN, PA**

I hereby appeal from the ruling of the ZONING OFFICE, entered on (date) \_\_\_\_\_  
denying the proposed construction and/or use on the subject property described herewith,

and I hereby specify the following reasons for so doing:

You are hereby requested to fix a time for hearing of this appeal as required by law and ordinance

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
SIGNATURE OF APPLICANT