

**If returning by mail, please mail to:**

Selinsgrove Borough  
1 N. High Street  
Selinsgrove, PA 17870

**Please call (570) 374-2311 for more information**

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Parcel Number: \_\_\_\_\_

## Appeal to the Decision of the Zoning Officer Selinsgrove Borough

### Appellant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Location of Subject Property: \_\_\_\_\_

Proposed Use of Subject Property: \_\_\_\_\_

Statement of reason for this application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Section of Ordinance under which application is being made: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_