

**WEST PIKELAND TOWNSHIP
ZONING HEARING BOARD**

Date Received _____
Date Deemed Complete _____

APPLICATION FOR HEARING

APPLICANT INFORMATION

Applicant:

Name: _____
Mailing Address: _____ (No. Street)
_____ (City, State, Zip)
Phone: _____ (cell) _____ (fax) _____

Attorney:

Name: _____
Mailing Address _____ (No. Street)
_____ (City, State, Zip)
Phone: _____ (cell) _____ (fax) _____

PROPERTY INFORMATION

Property Owner

Name: _____
Mailing Address: _____ (No. Street)
_____ (City, State, Zip)
Phone: _____ (cell) _____ (fax) _____

LOCATION OF PROPERTY

Tax Parcel # _____
Property Address: _____ (Street)
_____ (City, State, Zip)

Present Zoning: _____ Lot Size: _____

Present Use of Property: _____

Purpose of Application:

- Variance Extension of Non-Conforming Use
 Special Exception Appeal from Zoning Hearing Officer's Decision
 Other (Explain) _____

Please use additional attachment if needed (Do not write on back of form).

The following documents and fees must be attached to this application:

- 1. A statement of the present zoning classification, present land use, and existing improvements of the property in question.
- 2. A statement of the section of this Ordinance authorizing the proposed special Exception or Variance and reasons why it should be granted.
- 3. A description of the proposed use and improvements
- 4. A copy of the site plan indicating the location, use, arrangement, building height, and dimensional features showing compliance with applicable area, width, coverage, yard, and design standards as specified in the zoning district in which the site in question is located, of all existing and proposed improvements and facilities.
- 5. Six (6) copies of the last recorded subdivision plan which includes the property.
- 6. The proper fee and escrow in accordance with Article XV, Section 1506 of the West Pikeland Township Zoning Ordinance of 2005.

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CERTIFICATION

The plan review will include the Township Planning Commission, and if needed, additional review but not limited to: Zoning Hearing Board, Historic Architectural Review Board, and Historic Commission. All members of the reviewing bodies may visit the site while the application is before them.

Plans will be sent to the Township Engineer, and outside traffic consulting firms if needed to be reviewed for compliance with the Township's Subdivision and Land Development Ordinance. By signing this application, the applicant agrees to reimburse West Pikeland Township for the cost of those reviews.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make false statements herein I am subject to such penalties as may be prescribed by law or ordinance. I understand that a notice of the scheduled hearing date will be posted for public view on the affected land.

Applicant Name (*please print*)

Applicant Signature

Date

Property Owner (if different from Applicant)
(*Please print*)

Property Owner Signature

Date

Application Fee Received: Date: _____ Check # _____ Amount: \$ _____

Date Submission Deemed Incomplete _____

Date Submission Deemed Complete _____

Signature of Township Manager/designee _____ (signature)
_____ (print name)

Signature of Application _____ (signature)
_____ (print name)