



# West Pikeland Township

1645 Art School Road | Chester Springs PA 19425  
westpikeland.com | 610-590-5300 | [office@westpikeland.com](mailto:office@westpikeland.com)

## APPLICATION FOR ZONING HEARING

### APPLICANT INFORMATION

#### Applicant:

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

Mailing Address: \_\_\_\_\_ (No. Street)  
\_\_\_\_\_ (City, State, Zip)

Phone: \_\_\_\_\_ (Email) \_\_\_\_\_

#### Attorney:

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

Mailing Address \_\_\_\_\_ (No. Street)  
\_\_\_\_\_ (City, State, Zip)

Phone: \_\_\_\_\_ (Email) \_\_\_\_\_

### PROPERTY INFORMATION

#### Property Owner

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

Mailing Address: \_\_\_\_\_ (No. Street)  
\_\_\_\_\_ (City, State, Zip)

Phone: \_\_\_\_\_ (Email) \_\_\_\_\_

#### LOCATION OF PROPERTY

Tax Parcel # \_\_\_\_\_

Property Address: \_\_\_\_\_ (Street)  
\_\_\_\_\_ (City, State, Zip)

Present Zoning: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

Purpose of Application:

- |                                               |                                                                        |
|-----------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Variance             | <input type="checkbox"/> Extension of Non-Conforming Use               |
| <input type="checkbox"/> Special Exception    | <input type="checkbox"/> Appeal from Zoning Hearing Officer's Decision |
| <input type="checkbox"/> Other: Explain below |                                                                        |



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*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. The proper fee and escrow in accordance with Article XV, Section 1506 of the West Pikeland Township Zoning Ordinance of 2005-201. (Submit two checks - one for the non-refundable application fee of \$1,500, and one for the \$1,000 escrow, each made payable to "West Pikeland Township")

### 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