

◆ WEST SADBURY TOWNSHIP ◆
6400 N. Moscow Road Parkesburg, PA 19365
Phone 610-857-5969 FAX 610-857-1415

APPLICATION FOR ZONING HEARING

Date: _____

1. Your name and address: _____

If applicant is not the owner, please provide copy of agreement of sale, lease or other proof of legal interest.

2. Who owns the real estate on which the proposed exception or variance is being requested:
(Please list names of all owners of record of this real estate.)

3. Please give a brief description of the property including the location of the real estate, lot size and **Tax Parcel Number** on which the proposed zoning relief is being requested:

4. What is the present zoning classification of the subject real estate of this application:

5. What buildings or other structures are now on the property: _____

6. What use is now being made of the property: _____

7. What additions to or improvements in the property do you intend to make under this application? Please describe below as completely as possible:

8. What zoning relief are you requesting? _____

9. Indicate by number, the section of the Zoning Ordinance under which you feel the special exception, variance or other relief requested may be allowed. _____

10. State your reasons why you believe the special exception, variance, or other relief should be granted: _____

11. List names and addresses of all adjacent property owners. (Please attach the names and addresses of adjacent property owners to this application if additional space is required.)

12. Attorney for Applicant (optional):

The following must be attached to this application:

- a. *A reasonably accurate description of the present improvements and the additions intended to be made under this application or appeal, indicating the size of such proposed improvements, materials to be used and general construction of improvements and locations and sizes of all improvements now erected on all adjoining lots.*
- b. *A plot plan to scale of the real estate to be affected, indicating the location and size of the lot and locations and sizes of improvements now erected thereon and proposed to be erected thereon. The plot plan **must include** all distances between all lot lines and the improvements now erected and proposed to be erected on the real estate to be affected **and** the distances between all lot lines and all improvements now erected on **all adjoining lots**.*
- c. *A fee of \$700.00 should accompany the application. The check should be made payable to West Sadsbury Township.*

Original Application, along with eight copies of Application and eight sets of site plans and check for \$700.00 fee should be sent directly to West Sadsbury Township Zoning Officer, 6400 North Moscow Road, Parkesburg, PA 19365.

NOTE: *Please complete this application in its entirety and submit with all attachments required. An incomplete application will be returned to you.*

(Costs of the hearing will be deducted from the application fee and any excess will be returned. If the costs exceed the application fee, the applicant agrees to pay such excess as evidenced by signature below.) Applicants may be represented by an attorney at the hearing and will receive notice of the hearing by mail.

Copies of the Zoning Ordinance may be obtained from the Secretary of West Sadsbury Township.

Signature of Applicant

Name of Contact for Applicant _____

Phone Number _____

Name of Engineer (if applicable) _____