

# ZONING HEARING BOARD

## APPLICATION

**HEARINGS HELD FIRST WEDNESDAY OF EACH MONTH AT 7PM, AS NEEDED**

APPEAL MUST BE SUBMITTED AND ACCEPTED, IN COMPLETE CONDITION, BY WEST BRADFORD BUILDING AND CODES OFFICE.



PROPERTY INFORMATION				
SITE ADDRESS:		ZONING DISTRICT:	LOT AREA:	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> NON-RESIDENTIAL	BUSINESS:	FEMA FLOODPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEWER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	WATER: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE
UPI:	TAX PARCEL:	WOODLANDS:	OVERLAY DIST:	
GENERAL NOTES:				
APPLICANT OF APPEAL:				
APPLICANT IS: <input type="checkbox"/> OWNER <input type="checkbox"/> LEGALLY AUTHORIZED REPRESENTATIVE				
NAME:		PHONE:		
ADDRESS:		EMAIL:		
OWNER OF PROPERTY:				
NAME:		PHONE:		
ADDRESS:		EMAIL:		
OTHER CONTACT: <input type="checkbox"/> BUSINESS CARD ATTACHED				
NAME:		PHONE:		
ADDRESS:		EMAIL:		

PURPOSE OF APPEAL	ORDINANCES INDICATED
<input type="checkbox"/> VARIANCE	§ _____ § _____ § _____
<input type="checkbox"/> SPECIAL EXCEPTION	§ _____ § _____ § _____
<input type="checkbox"/> INTERPRETATION	§ _____ § _____ § _____
<input type="checkbox"/> APPEAL OF ZONING OFFICERS DECISION	<input type="checkbox"/> COPY OF LETTER ATTACHED

CHECK	REQUIRED UPON SUBMITTAL	
<input type="checkbox"/>	ONE (1) COMPLETE ORIGINAL APPLICATION SIGNED BY THE APPELLANT	
<input type="checkbox"/>	FOUR (4) COPIES OF COMPLETED, ABOVE MENTIONED APPLICATION	
<input type="checkbox"/>	<b>ELECTRONIC COPY OF ALL PLANS, PDF FORMAT, VIA AN EMAIL SENT TO ZONING OFFICER OR TOWNSHIP CODES CLERK</b>	
<input type="checkbox"/>	FOUR (4) ACCURATE PLANS OF THE LOT OR PROPERTY DRAWN TO SCALE, SHOWING THE DIMENSIONS OF THE LOT, LOCATION OF CORNER STAKES OR MONUMENTS, THE SETBACK OR RESTRICTION LINES, THE AREA OF THE LOT IN SQUARE FEET, ANY WATER COURSES OR RIGHT-OF-WAY WHICH MAY EXTEND THROUGH THE PROPERTY, ADJOINING PROPERTY OWNERS, AND ANY EXISTING IMPROVEMENTS AND/OR PROPOSED IMPROVEMENTS	
<input type="checkbox"/>	FOUR (4) COPIES OF THE DEED FOR THE PROPERTY IN QUESTION. IF EQUITABLE OWNER, PLEASE PROVIDE PROOF AND/OR AUTHORITY TO ACT ON BEHALF OF THE OWNER	
<input type="checkbox"/>	IF A CHALLENGE TO THE ZONING ORDINANCE IS FILED, A STATEMENT MUST BE INCLUDED THAT WOULD REASONABLY INFORM THE BOARD OF THE MATTERS AT ISSUE AND THE GROUNDS FOR CHALLENGE	
<input type="checkbox"/>	IF AN APPEAL OF THE DECISION OF THE ZONING OFFICER IS FILED, ATTACH A COPY OF THAT ORDER, REQUIREMENT, DECISION OR DETERMINATION	
FEES		
<input type="checkbox"/>	ZONING HEARING \$850.00	<input type="checkbox"/> VALIDITY CHALLENGE \$1,000.00

CERTIFICATION FOR APPELLANT	
I HEREBY CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFIRM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.	
I _____ HEREBY STATE THAT THE ABOVE FACTS AND STATEMENTS, INCLUDING ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE, I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION OR AN INCOMPLETE APPLICATION MAY BE CONSIDERED REASON TO REJECT THE APPLICATION AND THAT THE FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF THE PA CONS.STAT.4904 RELATING TO UN-SWORN FALSIFICATION TO AUTHORITIES.	
DATE: _____	SIGNATURE: _____
OWNER ACKNOWLEDGEMENT IF SEPARATE FROM APPELLANT	
I ACKNOWLEDGE THAT THE APPELLANT HAS MADE APPLICATION FOR APPEAL TO THE ZONING HEARING BOARD.	
DATE: _____	SIGNATURE: _____