

WRIGHTSTOWN TOWNSHIP
2203 Second Street Pike, WRIGHTSTOWN, PA 18940
215-598-3313 FAX 215-598-0529

____ **ZONING HEARING BOARD APPLICATION**
____ **UCC APPEALS/TECHNICAL REVIEW BOARD APPLICATION**

1. Applicant Name: _____

Phone Number: _____

Mailing Address: _____

If Applicant is not the property owner, state Applicant's Authority to Title or Interest to bring this Application (Equitable Owner, Agent, Lessee, etc.) _____

2. Agent: _____

Phone Number: _____

Mailing Address: _____

3. Property Owner: _____

Phone Number: _____

Mailing Address: _____

4. Property Tax Map Parcel Number: _____

Property Physical Address: _____

Present Zoning District and Classification: _____

Present Use: _____

Lot Dimensions: _____

5. The Applicant hereby:

____ Appeals an action of the Zoning Officer

____ Requests a Special Exception

____ Requests a Variance

____ Challenges the validity of the Joint Municipal Zoning Ordinance (JMZO) or Map

____ Wishes a Unified Appeal in Accordance with the Municipalities Planning Code Section 913.1

6. Failure to submit the following items with this application constitutes an incomplete application that will be rejected.

- **25** Copies of this application including all drawings and documentation
- Application MUST BE Notarized
- Applicable Application Fee of \$ _____
- Separate Continuance Fee of \$ _____
- Copy of the Present Deed
- A complete list of names and mailing addresses of all properties within 500 feet of the subject parcel

7. Description of Premises:

Present Use: _____

Proposed Use/Improvements: _____

8. Prior Zoning Appeals, Variances, Special Exceptions Relating to this Property? Yes _____ No _____

If yes, indicate Date and Nature of Zoning Granted: _____

9. FOR APPEAL FROM ACTION OF ZONING OFFICER:

A. Action Being Appealed: _____

B. Date of Action Taken: _____

C. The Foregoing Action was believed to be in error because: _____

10. FOR REQUEST FOR SPECIAL EXCEPTION:

A. Nature of Exception Sought: _____

B. The Exception is Allowed under Section _____ of the JMZO.

C. If more than one Special Exception is requested, List ALL Pertinent Ordinance Sections and the Nature of each Exception sought. This may be submitted on additional paper.

11. FOR REQUEST OF VARIANCE:

A. Nature of Variance Sought: _____

B. The Variance is from Section _____ of the JMZO

C. If more than one Variance is requested, List ALL Pertinent Ordinance Sections and the Nature of each Variance sought. This may be submitted on additional paper.

D. The Nature of the Unique Circumstances and Unnecessary Hardship Justifying the Variance: _____

12. FOR CHALLENGE TO ZONING ORDINANCE AND/OR MAP

A. The Ordinance and/or Map Challenge is as Follows: _____

B. The Challenge is Ripe for Decision Because: _____

C. The Ordinance/Map Challenged is Invalid Because: _____

13. FOR UNIFIED APPEAL UNDER MPC SECTION 913.1, COMPLETE ALL SECTIONS ABOVE THAT MAY BE APPLICABLE TO THE ZONING QUESTION(S) FOR CONSIDERATION. ALSO COMPLETE THE FOLLOWING:

A. The Development or Development Plan is Designated as Follows: _____

B. The Non-Zoning Issue(s) about which Testimony will be Presented are: _____

SIGNATURE OF APPLICANT/AGENT

SIGNATURE OF OWNER

NOTE: All unused escrow fees shall be returned upon written request, but said request must be made within thirty (30) days of the issuance of the Decision of the ZHB. Failure to do so will result in the funds being forfeited and transferred to the General Fund to offset administrative expenses.

Application Fee: _____

Check #: _____

To ZHB _____

Deadline _____

Ad Dates _____

Hearing Date _____

Continuance Fee: _____

Check #: _____

Submission Date: _____

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____

THE UNDERSIGNED, BEING DULY SWORN ACCORDING TO LAW, DEPOSES AND SAYS THAT HE/SHE IS THE ABOVE NAMED APPLICANT; THAT HE/SHE IS AUTHORIZED TO AND DOES TAKE THIS AFFIDAVIT ON BEHALF OF THE OWNER, AND THAT THE FACTS HEREIN CONTAINED ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____
DAY OF _____, 20__.

NOTARY PUBLIC

ZONING OFFICER _____ DATE _____