



West Rockhill Township

1028 Ridge Road
Sellersville, PA 18960
215-257-9063
Fax 215-257-0701

www.westrockhilltownship.org

ZONING HEARING BOARD APPLICATION

Six copies of this application, including all plans and drawings, must be submitted to the Zoning Officer together with a **Professional Services Agreement**. *No application will be accepted without an adequate plan of the subject premises.*

APPLICATION DATE: _____

1. The undersigned applicant hereby : *(check appropriate letter(s))*
 - a. _____ Appeals from a determination of the Zoning Officer.
 - b. _____ Requests a special exception.
 - c. _____ Requests a variance.
 - d. _____ Challenges the validity of a zoning ordinance or map.
 - e. _____ Requests other relief within the jurisdiction of the Zoning Hearing Board as established in Section 909.1(a) of the Pennsylvania Municipalities Planning Code.

2. Address of **property**: _____

3. Tax Parcel Number of property: 52- _____

4. Name and address of property **owner**:

Phone Number: _____ Email: _____

3. Name and address of **applicant**:

Phone Number: _____ Email: _____

4. If applicant is not the owner, state applicant's authority to bring this application:

(Attach documents in support of said authority to this application)

5. Attach plot plan of property drawn to scale including location and size of improvements both proposed and presently existing and including a compass reference.

6. Present zoning classification of property: _____

7. Present use of property: _____

8. Describe the buildings and other improvements located on the property:

9. State the size of the property: _____

10. If you are **appealing a determination of the Zoning Officer**, complete the following:

a. The action taken was:

b. The date action was taken: _____

c. Attach a copy of any written order issued by the Zoning Officer in connection with this matter.

d. The foregoing action was in error because:

e. If you allege the existence of a non-conforming use, state the nature of such use and the date on which it began:

11. If you are **challenging the validity of a zoning ordinance or map**, complete the following:

a. Identify the provision of the ordinance or map which you believe to be invalid: _____

b. The challenge is ripe for decision because:

c. The provision challenged is invalid because:

12. If you are requesting a **special exception**, complete the following:

a. Nature of exception sought is:

b. The special exception is allowed under

Article _____ Section _____ Subsection _____ of the West Rockhill

Township Zoning Ordinance. *(If more than one exception is requested, list ordinance references on separate page)*

- c. The reason for the request is:

13. If you are requesting a **variance**, complete the following:

- a. Nature of variance sought:

- b. The variance is from Article _____ Section _____ Subsection _____ of the West Rockhill Township zoning ordinance. *(If more than one variance is*

- c. The nature of the unique circumstances and the unnecessary hardship justifying this request for a variance is:

14. If you are requesting **other relief** within the jurisdiction of the Zoning Hearing Board, complete the following:

- a. Nature of the relief sought:

- b. If you are requesting relief from a determination on a township official, attach a written copy of that determination and state the reason the determination was in error, including reference to applicable statutes or ordinances:

15. By filing this application, applicant agrees to reimburse West Rockhill Township for all costs incurred by the Township in the processing of this application to the extent that those costs exceed the filing fee.

16. _____ I am not represented by an attorney in connection with this application.

_____ I am represented by _____, Esquire, in connection with this application.

Attorney's Address:

Attorney's Phone number: _____ Fax: _____

17. The following is a list of names and addresses of all persons owning property within a 500 foot radius of the property which is the subject of this application:

<u>Tax Map Parcel Number of the Property</u>	<u>Name & Address of owners of the property</u>
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____
5. _____	_____ _____
6. _____	_____ _____
7. _____	_____ _____
8. _____	_____ _____
9. _____	_____ _____
10. _____	_____ _____

COMMONWEALTH OF PENNSYLVANIA:

COUNTY OF _____ : SS

The undersigned, being duly sworn according to law, deposes and says that he/she is the above-named applicant, the he/she is authorized to and does take this affidavit on behalf of the owner, and that the foregoing facts are true and correct.

Applicant

Sworn to and subscribed before me this _____ day of _____, 20__

Notary Public

Date Received: _____

Zoning Officer