

PENNSBURY TOWNSHIP

702 Baltimore Pike, Chadds Ford, PA 19317

Phone: 610-388-7323 Fax: 610-388-6036

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Office Use Only

Appeal #: _____

Date Received: _____

Fee: _____ Paid: _____

Hearing Date: _____

Amended Date: _____

ZONING HEARING BOARD APPLICATION/APPEAL

(Residential and Commercial)

Provide **one** digital copy in addition to **thirteen** copies of the application and all attachments. Attachments should include: **full size** plans drawn to scale and provide location, lot size, improvement/alteration size; a copy of the Applicant's **deed**, lease, or agreement of sale; and any other documents required by Zoning Hearing Board. The Zoning Hearing Board will schedule a hearing within 60 days of the Application submittal date. If the Application is withdrawn and amended the hearing will be scheduled based on the amended Application date.

Property Owner: _____

Address: _____

Phone/Fax: _____ Email: _____

Applicant (if different from Property Owner): _____

Address: _____

Phone/Fax: _____ Email: _____

Relationship to Property Owner: _____

Attorney: _____

Address: _____

Phone/Fax: _____ Email: _____

Contractor: _____

Address: _____

Phone/Fax: _____ Email: _____

Architect/Engineer: _____

Address: _____

Phone/Fax: _____ Email: _____

Property Information:

Address: _____

Subdivision: _____

Tax Parcel or UPI #: _____

Zoning District: _____

Historic Structure: Yes No

Lot Size: _____

Approx. Cost of Project: _____

Has Property ever had prior application or appeal filed with Zoning Hearing Board? Yes No

Present Use:

Proposed Use:

Reason For Application or Appeal:

This is an Application for a Special Exemption pursuant to Zoning Ordinance Section _____

This is an Application for Variance(s) from Zoning Ordinance Section(s) _____

This is an Appeal from the Zoning officer's Decision dated _____ (attach a copy of the decision appealed from)

This is a substantive challenge to the validity of a land use ordinance. Specifically, to challenge the validity of

Article _____ Section _____ Subsection _____

On the basis of:

Describe in detail the grounds for the application or appeal, or reasons with respect to law and fact for the granting of the variance, special exception, or specific hardship. (Attach additional sheet if necessary.)

I hereby certify that I have read this application and state that the above and all attachments are correct. I agree to comply with all provisions of the Pennsbury Township Zoning Ordinance, Subdivision Ordinance, and all other pertinent ordinances and regulations of Pennsbury Township. **NOTE: If the application, including all required attachments, is not completed in accordance with the specified requirements, it shall be deemed deficient and must be corrected and resubmitted for consideration.**

Property Owner or Applicant’s Signature: _____ Date: _____

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I hereby withdraw the Zoning Hearing Board Appeal Application

Property Owner or Applicant’s Signature: _____ Date: _____

Township Signature: _____ Date: _____

ADDITIONAL SHEET IF NECESSARY