

RICHLANDTOWN BOROUGH

PO Box 455
Richlandtown PA 18955

Phone 215-538-9290
Fax 215-538-8040

ZONING HEARING BOARD Application for Hearing Variance

Hearing Application Instructions

1. The APPLICATION FORM must be filed out completed with full answers to all statements and questions. The application MAY NOT be signed by an agent or attorney, but MUST be signed by the lessee, owner (or owners), or by any person affected by the proposed amendment or official action on behalf of a municipal governing body falling within the jurisdiction of this Ordinance. The application must be filled out in triplicate.
2. A non-refundable FILING FEE is required for a proposal initiated by citizens petition in the amount as indicated on the Richlandtown Borough Fee Schedule made out to Richlandtown Borough, must be paid at the time of filing the application. This fee only partially covers the extra cost to the Borough for investigating and processing the application through its various stages.
3. INFORMATION REQUIRED FOR AMENDMENT APPLICATION. Each APPLICATION for an amendment must be accompanied by the information below.
 - a. Proposed boundaries and/or dimensions of map change desired.
 - b. Full description of any amendment to the text of the Ordinance.
 - c. Names and addresses of all included and adjoining property owners, identified by map or by parcel number.
4. The Application with other exhibits must be complete in every respect, with ALL questions and demands answered, before the Borough Council can receive and certify the Application. This Application must be filed with the Richlandtown Borough Council and the Borough Hall, located at 125 S. Main St., Richlandtown, PA 18955.

BOROUGH OF RICHLANDTOWN
ZONING HEARING BOARD
Application for Hearing
Variance

FILL OUT IN TRIPLICATE

BC Tax No. _____

<u>Do not write in this space</u>		Case No. _____
<u>CHECKLIST</u>		
<u>Action taken</u>		<u>Dates</u>
Application	_____	_____
Fee paid: \$ _____	Receipt issued _____	_____
Placed on calendar for meeting of Board on	_____	_____
Notice of Hearing Mailed: (a) to applicant	_____	_____
(b) to nearby property owners	_____	_____
Sign sent for posting	_____	_____
Posting sighted by Z. O.	_____	_____
Hearing held	_____	_____
Decision made	_____	_____
Notification of decision sent	_____	_____
Appeal filed	_____	_____

APPLICANT:

Name _____
 Address _____
 _____ Phone _____

PROPERTY OWNER (If other than Applicant):

Name _____
 Address _____
 _____ Phone _____

PROPERTY:

Address _____

EXACT LEGAL DESCRIPTION _____

Present zoning district: _____

(A plot plan of property drawn to scale must be attached to this application.
 See instructions on attached instruction sheet.)

Date purchased: _____
 _____ month/day/year

Present use: _____

Lot size: width _____
 depth _____
 area, _____ sq. ft.

Proposed use: _____

Date of previous application
 if any _____

(over)

REQUEST FOR VARIANCE of Section _____ of the Zoning Ordinance under which
the Zoning Officer refused to issue a permit on _____ .

NATURE OF VARIANCE REQUESTED _____

THE APPLICANT BELIEVES THE VARIANCE SHOULD BE GRANTED BECAUSE:

- a. He is unable to make reasonable use of his property for the following reasons

- b. The unnecessary hardship on his property is
 - () The result of the application of the Zoning Ordinance.
 - () Due to unique physical circumstances of the property in question not shared by other properties in the vicinity.
 - () Not financial in nature.
 - () Not self-created.
- c. The proposed variance will not alter the essential character of the neighborhood nor impair the of adjacent property or alter the intent of the Zoning Ordinance for the following reason

- d. The variance requested represents the minimum variance that will afford relief for the following reasons

Additional information required by the Zoning Hearing Board I attached. ()

Note: I hereby certify that all of the above statement and the statements contained in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Dated _____ (Signature of Applicant)