

Date Received: _____
Fee Paid: _____
1st Ad _____ / 2nd Ad _____
Date of Hearing: _____

UPPER DUBLIN TOWNSHIP
ZONING HEARING BOARD
APPLICATION # _____

Application is hereby made to the Zoning Hearing Board for a determination in connection with the following facts:

Name of Applicant: _____ Name of Owner: _____
Address: _____ Address: _____
City, State and Zip: _____ City, State and Zip: _____
Phone Number: _____ Phone Number: _____
Name of Attorney: _____ Attorney Phone Number: _____
Address: _____ City: _____ State: _____ ZIP _____

Applicant and Owner request that a determination be made by the Zoning Hearing Board on this Appeal from the Decision of the Code Enforcement Department in which we were:

- Refused a building Permit Ordered to Cease a current use
 Given conditional approval of a subdivision plan
 Other (specify) _____

This appeal seeks:

- An interpretation of the ordinance or map
 A special exception under Article _____, Section _____, Subsection _____, Paragraph _____
 A Variance relating to the Use, Area, Frontage, Yard, Height, Parking,
Other (specify) _____

The applicable provisions of the Zoning Ordinance are as follows:

Chapter _____ Section _____ Subsection _____ Paragraph _____
Chapter _____ Section _____ Subsection _____ Paragraph _____
Chapter _____ Section _____ Subsection _____ Paragraph _____
Chapter _____ Section _____ Subsection _____ Paragraph _____

The description of the property involved in this appeal is as follows:

Street Number: _____ Street Name: _____ Deed Book: _____ Page _____
Block Number: _____ Unit Number: _____ Parcel Number: _____
Zoning District: _____ Served by Public Sewer (y/n) _____ Served by Public Water (y/n) _____
Lot Size: _____ Lot Dimensions: _____ Street Frontage: _____

Describe the present use of the property and the existing improvements: _____

Describe the proposed use of the property and the proposed improvements: _____

Has any previous petition been filed with the Zoning Board in connection with these premises? Yes No

If yes, please describe _____

Is this property a part of a subdivision heretofore approved by the Township? Yes No

If Yes, give name of subdivision _____ Date of approval by Township _____

I/We believe that the Zoning Board should approve this request because: _____

STATE OF PENNSYLVANIA:
COUNTY OF MONTGOMERY: SS

_____ BEING DULY SWORN ACCORDING TO LAW, DEPOSE(S)
AND SAY(S) THAT THE FACTS SET FORTH IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT.

Sworn and subscribed to

Applicant

before me, this _____ day

Applicant

of _____, 20_____

Notary Public

Property owner(s) must join in the above application.

Sworn and subscribed to

Owner

before me, this _____ day

Owner

of _____, 20_____

Notary Public

This application must be filled out and signed by the owner and if different the applicant and filed with the Zoning officer along with the appropriate fee. If more space is required, attach a separate sheet to this application and reference the question being answered. The application must be accompanied by:

1. Copy of the deed showing current ownership.
2. Copies of leases or agreements affecting the premises.
3. Notarized zoning application & corporate sealed for companies.

4. Eight copies of the plan of real estate affected showing the location and dimension of improvements now erected and proposed, parking spaces, all dimensional requirements of the zoning ordinance, the building envelope, rights of way and easements. The plan must be prepared and sealed by a Registered Land Surveyor unless this requirement is waived by the Director of Code Enforcement.