

ZONING HEARING APPLICATION

SALFORD TOWNSHIP
APPLICATION # _____

DATE RECEIVED _____
FEE: \$ _____

(SPECIAL EXCEPTION) (VARIANCE) APPLICATION FROM/TO
SALFORD TOWNSHIP ZONING PERMIT # _____, **Dated** _____

APPLICANT: _____ **OWNER:** _____

PHONE: _____

LOCATION OF PROPERTY

BLOCK _____ **PARCEL** _____, **ZONING DISTRICT** _____

LOT SIZE: _____ **ACRES** _____ **SG. FT.**

PRESENT USE OF PROPERTY AND/OR BUILDINGS: _____

PROPOSED USE OF PROPERTY AND/OR BUILDINGS: _____

HAS ANY PRIOR APPLICATION RELATING TO THIS PROPERTY EVER BEEN
FILED? **NO** **YES** **DENIED?** **NO** **YES** **IF YES, GIVE DETAILS:**

ARTICLES OF SALFORD TOWNSHIP ZONING ORDINANCE TO BE REFERRED TO IN THIS
APPEAL (IF APPLICABLE, ATTACH SEPARATE SHEET ADDRESSING REVIEW CRITERIA IN
APPLICABLE Z.O. SECTION) _____

THE APPLICATION SHOULD BE GRANTED FOR THE FOLLOWING REASONS:
VARIANCE (STATE HARDSHIP), SPECIAL EXCEPTION (SUPPLY ALL SUPPORTING DATA)

ATTACH SIX (6) COPIES OF A PLOT PLAN DRAWN AND SEALED BY REGISTERED SURVEYOR
SHOWING THE REAL ESTATE TO BE AFFECTED, INDICATING THE LOCATION OF ALL THE
BUILDING AND STRUCTURES IN RELATION TO PROPERTY AND ROAD LINE, WITH THE
ADDITIONS INTENDED FOR THIS APPEAL SHOWN WITH DOTTED LINES AND ANY OTHER
INFORMATION THE ZONING HEARING BOARD MAY REQUIRE.

I HEREBY CERTIFY THAT ALL OF THE ABOVE STATEMENTS AND ATTACHED SKETCHES
SUBMITTED ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND
THIS IS THE BASIC FEE AND I MAY BE BILLED FOR ADDITIONAL SERVICES IF THEY ARE
REQUIRED.

APPLICANT'S SIGNATURE:

ZONING OFFICER'S SIGNATURE:

FEE RECEIVED: _____

Date of submission of application shall be date on which application is returned with all requirements completed.