

**SALFORD TOWNSHIP - ZONING HEARING APPLICATION**

**TO THE ZONING HEARING BOARD OF SALFORD TOWNSHIP:**

**I. APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant's interest in property: \_\_\_\_\_ Legal Owner \_\_\_\_\_ Equitable Owner

Tenant \_\_\_\_\_ Other (specify) \_\_\_\_\_

**II. REAL ESTATE OWNER INFORMATION (Required if applicant is not the legal owner):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**III. PROPERTY INFORMATION:**

1. Address: \_\_\_\_\_

2. Tax Parcel No.: \_\_\_\_\_

3. Tax Block No.: \_\_\_\_\_ Unit No. \_\_\_\_\_

4. Deed Book: Date recorded: \_\_\_\_\_

Book/Page# \_\_\_\_\_

5. Lot Size/Area: \_\_\_\_\_

6. Zoning District: \_\_\_\_\_

7. Existing Improvements and Use: \_\_\_\_\_

8. Intended Use of Building, Structure and Property: \_\_\_\_\_

9. Previous Zoning Hearing Board action relative to this property?

\_\_\_\_\_ (yes) \_\_\_\_\_ (no)                      Date: \_\_\_\_\_

**IV. ATTORNEY INFORMATION:**

Representation by legal counsel? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**V. RELIEF REQUESTED:**

1. \_\_\_\_\_ Variance from the terms of Article \_\_\_\_\_, Section \_\_\_\_\_, of the Zoning Ordinance of Salford Township, as amended.
2. \_\_\_\_\_ Special Exception pursuant to the terms of Article \_\_\_\_\_, Section \_\_\_\_\_, of the Zoning Ordinance of Salford Township, as amended.
3. \_\_\_\_\_ Appeal from the decision or determination of the Zoning Officer in refusing or granting a zoning permit to \_\_\_\_\_
4. \_\_\_\_\_ Appeal from the Notice of Violation issued by the Zoning Officer dated \_\_\_\_\_
5. \_\_\_\_\_ Substantive Validity Challenge (Attach a Statement detailing the legal and factual basis of the challenge)
6. Other Relief: \_\_\_\_\_

**VI. STATEMENT OF REASONS WHY RELIEF REQUESTED SHOULD BE GRANTED:**

NOTE: Applicants are encouraged to provide a narrative explanation of the factual basis for the relief requested and, to the extent possible, the legal basis for that relief.

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**ADDITIONAL SUBMISSION REUIREMENTS:**

**APPLICATION MUST INCLUDE SUBMISSION OF ALL OF THE FOLLOWING:**

1. Original and six (6) copies of the Zoning Hearing Board application
2. Seven (7) copies of plot plan of the real estate to be affected, depicting all applicable property lines, required setback lines, and providing a table of zoning information including the required, existing, and proposed lot area, front, rear, and side yard setbacks (including minimum and aggregate, if required), building coverage area and percentage, impervious surface coverage area and percentage. Registered surveyor or engineer plans may be rquired at the Township's discretion. This plan must show present improvements and the additions intended to be made under the application or appeal, if any, indicating the size of such proposed improvements, including the location and also the size and location of the lot and size of improvements now erected and proposed to be erected thereon.
3. Deed (7 copies)
4. Agreement of sale if proceeding as equitable owner (7 copies)
5. Lease and consent of owner if proceeding as tenant (7 copies)

I (we) hereby certify that the information contained above is true and correct to the best of my (our) knowledge.

OWNER  
SIGNATURE: \_\_\_\_\_

APPLICANT  
SIGNATURE: \_\_\_\_\_

**PROPERTY ACCESS AUTHORIZATION**

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Property Location: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Tax Map Parcel No. \_\_\_\_\_

Permission is hereby granted to Township staff, appointed consultants, and Zoning Hearing Board members to enter upon the above property at any reasonable hour as part of the review process of the submitted application.

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**RECORD OF DECISION – ZONING HEARING BOARD**

Application No.: \_\_\_\_\_ Date of Hearing: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

VARIANCE Approved \_\_\_\_\_ Denied \_\_\_\_\_

SPECIAL EXCEPTION Approved \_\_\_\_\_

Denied \_\_\_\_\_

OTHER RELIEF Approved \_\_\_\_\_ Denied \_\_\_\_\_

CONDITIONS OR RESTRICTIONS (if any) \_\_\_\_\_

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Secretary