

ZONING HEARING INSTRUCTIONS AND APPLICATION

NOTICE OF APPEAL INSTRUCTIONS. *Please read this instruction form carefully to make sure that your application is processed expeditiously.*

1. Complete and sign the Zoning Hearing Application form as completely as possible. If you need help, contact the zoning administrator as soon as possible. Deadline for submittals is no later than 3 weeks prior to the hearing date. Late applications will be scheduled for the next month's hearing agenda.

2. Remit hearing fee of
 - (a) \$250.00.... For a home occupation special exception.
 - (b) \$500.00....For single family residential variances and special exceptions other than home occupation.
 - (c) \$750.00.... For all other zoning requests.
 - (d) \$500.00.... Interpretation of ordinance.
 - (e) \$5,000.00.... Curative amendment/validity challenge.

3. A continuance fee for any reason other than error by the township, whether requested by applicant or required by the board, will be charged as follows:
 - (a) For continuances pursuant to (a) and (b) above.....\$125.00
 - (b) All other requests.....\$250.00

4. Any descriptions, maps, plans, sketches, or documentation that you plan to present as exhibits at your zoning hearing should be submitted to the zoning officer at the time you submit your application. You will need **SEVEN** copies of each exhibit.

5. Return the above to the Zoning Administrator. *Incomplete submittals will be returned to the applicant for completion and the possibility exists that your hearing may be delayed or a continuance would be required and you would be responsible for additional fees to be placed on the next available zoning hearing agenda...* The zoning administrator has up to 60 days to place you on a hearing agenda.

6. A letter notifying you of the time, place, and date of the hearing will be sent to you.

7. **IMPORTANT**....AT THE HEARING, YOU **MUST** SUBMIT TO THE ZONING BOARD, PROOF OF OWNERSHIP; A DEED OR A COPY OF A DEED WITH RECORDING DATES AND STAMPS SHOWN; A FULLY EXECUTED AGREEMENT OF SALE OR LEASE; OR PROOF OF REAL INTEREST IN THE PROPERTY SUCH AS A PAID TAX BILL. FAILURE TO PROVE STANDING MAY CAUSE YOUR APPLICATION TO BE DISMISSED OR CONTINUED.

The Zoning Hearing Board has 45 days to render a decision. There is a 30-day appeal period from the date of the decision letter.

DATE RECEIVED _____

ZONING HEARING APPLICATION

The applicant requests a zoning hearing to pursue any or all of the following:

Special Exception _____ Variance _____ Challenge to interpretation of Ordinance _____

APPLICANT INFORMATION: (please print or type)

Applicant's Name _____

Applicant's Street Address _____

City, State, Zip Code _____

Phone _____ FAX or Email _____

Address of property that is subject of hearing _____

Zoning District of the subject property _____

Do you reside at the subject property? YES _____ NO _____

IF THE PROPERTY OWNER IS SOMEONE OTHER THAN THE APPLICANT, PLEASE PROVIDE THE PROPERTY OWNER'S NAME AND ADDRESS:

Name _____

Address _____

City, State, Zip _____

IF THE SUBJECT PROPERTY IS A BUSINESS, PLEASE PROVIDE:

Name of business _____

Use: (Mark One) Commercial _____ Industrial _____ Manufacturing _____

Other _____

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ZONING REQUEST:

The applicant is seeking relief from the following sections of the Palmer Township Zoning Ordinance – please note Articles and Sections.

Describe the nature of the development or project you plan to undertake.

If applying for a hearing for a variance, describe the nature of the unique legal hardship you believe your property is suffering as a result of having to conform to the current zoning regulations at issue. Economic hardship alone is insufficient grounds.

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If you are applying for a hearing seeking relief for *other than a variance*, describe what impact can be expected pursuant to your development or project, on properties in the areas surrounding the subject premises. (Impact includes, but not limited to, traffic, customers, noise, environmental etc.)

If you have ever sought relief from the Zoning Hearing Board or the Board of Supervisors in the past in connection with the subject premises, please state when you sought such relief and what the decision of the Board was in reference to your prior application.

Describe how a decision in your favor pursuant to this application would impact or effect on the public health, safety, and welfare of the neighborhood or citizens of Palmer Township.

(print signatory's name above)

Applicant Signature

DATE _____

Legal Representative (If Applicable)

DATE _____