

Initial Date Received: _____

Date Fully Completed Application Received: _____

Amount of Fees Paid \$ _____ Initials of Intake Person _____

(Do not write above this line)

WEST SADBURY TOWNSHIP, CHESTER COUNTY

ZONING HEARING BOARD APPLICATION/APPEAL

West Sadsbury Township – 6400 North Moscow Road, Parkesburg PA 19365

Phone – 610-857-5969 EMAIL: westsadsburytwp@westsadsburytwp.org

I. Applicant(s):

Name

Date

Mailing Address

Phone

Email Address

If Applicant is not the owner, please provide a copy of agreement of sale, lease or other proof of legal interest. Contact Information for the owner(s) of record of the property, if not Applicant:

Name

Mailing Address

Phone

Email Address

II. Applicant's attorney:

Name

Mailing Address

Phone

Email Address

III. **Description of Property** – Please give a brief description of the property including the street address for the property, acreage of the property, and **Tax Parcel Number** on which the proposed zoning relief is being requested:

IV. What Zoning District is the subject property located in - within the Township?:

V. What buildings or other structures are currently located on the property?:

VI. What use is now being made of the property?:

VII. What additions to or improvements in the property do you intend to make under this application? Please describe below as completely as possible:

VIII. What zoning relief are you requesting?:

IX. Indicate by number, the section(s) of the Zoning Ordinance under which you feel the special exception, variance or other relief may be allowed:

X. State your reasons or any hardships why you believe the special exception, variance or other relief should be granted:

XI. List the names and addresses of all abutting property owners, and property owners within one thousand feet (1,000') of the subject property (use additional sheet if required):

XII. Name of Project Engineer (if applicable): _____

Phone

Email Address

The following **must** be attached to this application:

- a. *A reasonably accurate description of the present improvements and the additions intended to be made under this application or appeal, indicating the size of such proposed improvements, materials to be used and general construction.*
- b. *A plot plan to scale of the real estate to be affected, indicating the location and size of the lot and locations and sizes of improvements now erected thereon and proposed to be erected thereon. The plot plan must include all distances between all lot lines and the improvements now erected and proposed to be erected on the real estate to be affected. A Sample Plan is attached to this ZHB Application as a reference.*

If a dimensional variance is requested, the plot plan must show the distances between the proposed improvement and all improvements on the lot(s) adjoining the property on any side(s) where a reduced setback is requested.

- c. *A fee of \$2,000 shall accompany the application. The check should be made payable to West Sadsbury Township.*

Original application, along with five (5) copies of application and five (5) sets of site plans, and a check for the \$2,000 fee should be sent directly to West Sadsbury Township Zoning Officer, 6400 North Moscow Road, Parkesburg, PA 19365. An electronic copy of all materials should also be sent to the Township at: westsadsburytwp@westsadsburytwp.org

Hard copies of the Zoning Ordinance may be obtained from the Secretary of West Sadsbury Township for the cost of reproduction, and may also be downloaded from the Township's website at www.westsadsburytwp.org

Signature of Applicant

Date

Note: Attached to this ZHB application is a sample plot plan and an Information Sheet for the Applicant as to how the hearing will be conducted.