

DATE OF HEARING _____ APPEAL NO. _____

**ZONING HEARING BOARD APPLICATION
WASHINGTON TOWNSHIP**

NAME OF APPLICANT _____

ADDRESS _____ PHONE _____

NAME OF LANDOWNER _____

(If landowner is not applicant, authorization to act on landowner's behalf must be presented with the application)

ADDRESS _____ PHONE _____

TYPE OF APPLICATION: (Check one)

_____ SPECIAL USE _____ VARIANCE

_____ APPEAL FROM MUNICIPAL ACTION _____ OTHER

CITE ALL APPLICABLE SECTIONS OF ZONING ORDINANCE _____

DESCRIBE PROPERTY FOR WHICH APPLICATION IS FILED:

LOCATION _____

ZONING CLASSIFICATION _____ LOT SIZE _____

PARCEL NO. _____

PRESENT USE _____ PROPOSED USE _____

APPROXIMATE COST OF PROPOSED WORK _____

EXISTING IMPROVEMENTS ON THE LAND _____

JUSTIFICATION FOR REQUEST: (Please include grounds for appeal and if physical hardship is claimed as basis for variance, state specific hardship.)

HAS A PREVIOUS APPLICATION BEEN FILED WITH THE BOARD FOR THIS PROPERTY? _____

PLEASE PROVIDE THE NAMES AND ADDRESSES OF OWNERS OR PROPERTY WITHIN 200 FEET FROM THE EXTERIOR LIMITS OF THE PROPERTY FOR WHICH THIS APPLICATION IS FILED AS SHOWN ON THE LATEST ASSESSMENT ROLLS OF THE COUNTY OF GREENE

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

(Attach a separate sheet if additional space is needed)

NOTE; This application must be filed in triplicate. It is necessary to notarize only one copy. The application must be accompanied by the required fee and three (3) copies of a plot plan for the property.

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF _____

I, _____, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true to the best of my knowledge and belief.

Signature: _____
Address: _____

Sworn to and subscribed before me this _____ day of _____

Notary Public

My commission Expires: _____