

Application No. _____

Date: _____

EAST VINCENT TOWNSHIP
ZONING HEARING APPLICATION

Applicant: _____ Phone # _____

Address of Applicant: _____

Attorney: _____ Phone # _____

Address of Attorney: _____

Owner of Property: _____ Phone # _____

Address of Owner: _____

Location of Property: _____

Uniform Parcel Identifier: _____ Zoning District: _____

Brief description of the property, its present use and existing improvements: _____

Type of Application/Appeal: (Check at least one)

___ Appeal from decision of Zoning Officer.

___ Application for a Variance from Section(s) _____ of
the East Vincent Township Zoning Ordinance (EVTZO).

___ Application for a Special Exception as authorized by Section(s) _____
of the East Vincent Township Zoning Ordinance (EVTZO).

___ Other (specify): _____

Statement of legal grounds for application/appeal (state the provision(s)) of the EVTZO
or Municipalities Planning Code relied upon to justify application/appeal:

Has any previous application or appeal been filed for the subject property? If yes, specify: _____

Description of proposed additions or changes:

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

Applicant(s)

List below or on a separate paper the names and addresses of all property owners:
- on the same street, within 500 feet.
- not on the same street, within 150 feet.

Applicant must submit the required filing fee with this Application, together with a plot plan of the premises and a plan showing existing and proposed improvements, together with dimensions.

Fee: Residential: \$ _____

Check # _____

All Others: \$ _____

Check # _____