

WASHINGTON TOWNSHIP

1021 Washington Blvd.
Bangor, Pa. 18013

Phone 610-588-1524

Fax 610-588-0245

Zoning Department

ZONING HEARING APPLICATION

A. GENERAL INFORMATION:

Date of Application: _____

Name of the Aggrieved Party: _____ Phone: _____

Address : _____

B. PROPERTY INFORMATION:

Property Location: _____

Parcel ID: _____

Zoning District: _____

Present Use: _____

Property Description: _____

C. SUBMISSION:

- Appeal
- Use by Special Exception
- Variance
- Validity Challenge

D. APPLICANT'S STATEMENT:

Provide the Section of the Ordinance under which the appeal is made and the basis for the appeal:

E. OWNER/APPLICANT:

Applicant's Name: _____ *Phone:* _____

Address: _____ *City:* _____ *State:* _____ *Zip:* _____

Property Owner's Name: _____ *Phone:* _____

Address: _____ *City:* _____ *State:* _____ *Zip:* _____

F. INSTRUCTIONS:

THE FOLLOWING ITEMS MUST BE SUBMITTED NOT LATER THAN 30 DAYS PRIOR TO THE HEARING:

*Township Zoning Hearings are held on the first Monday of the month.
(Incomplete applications will not be accepted.)*

(Please check when completed)

Ten (10) copies of each:

- Completed Application Form
- Plot Plan
- All supporting documents

One (1) copy of each:

- PDF of the plans
(Contained in a CD or E-Mail)

Check or Money Order:

- Required fee – *(Check or Money Order is to be made payable to "Washington Township".)*

G. DISCLAIMER: *The Township reserves the right to require additional information and additional copies of the Plans. Initial fees are non-refundable. All property owners located within 200 feet and any Municipality located within 500 feet from the property boundaries will be notified of this hearing.*

H. OWNER'S AUTHORIZED AGENT STATEMENT:

I, _____ hereby authorize _____ to act on my behalf for this appeal.

I, the undersigned, hereby certify that all of the information provided in this application is true and correct and I hereto agree to the terms and conditions set forth in this application.

Applicant's Signature: _____ Date: _____

Owner's Signature: _____ Date: _____

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**(FOR OFFICE USE ONLY)**

Fee(s) \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Hearing Number: \_\_\_\_\_ Hearing Date: \_\_\_\_\_