► READING TOWNSHIP ◄

Office: 50 Church Road, East Berlin, PA 17316

Phone: 717-624-4222 Fax: 717-624-7926

Date	Received:

Permit No.:_____

ZONING HEARING APPLICATION

Complete all questions that apply legibly and in ink (type or print)

<u>1. CONTACT INFORMATION:</u>

• Applicants Name(s)	Phone:	
Address:		
• Property Owner(s)	Phone:	
Address:		
Applicant's Agent or Representative if any:		
Address:		
Applicant's Legal Counsel if any:		
Address:		
2. The subject property is located as follows:		-
	Parcel # <u>:</u>	-
3. Zoning District of the subject property:		
4. Clearly describe the existing use of land and/or building:		_
		_
		_
5. Clearly describe the proposed use of the subject property:		_
		_

6. Grounds for Application (Please check <u>all</u> boxes that apply. Check for Fees as required by the Municipality.

- A. Variance
- B. Special Exception
- C. Conditional Use
- D. Non-Conforming Use Change
- E. Appeal from determination of Zoning Officer
- F. Challenge to validity of Zoning Ordinance

a. If box "A" "B" "C" or "D" above is checked, please cite the section(s) of the Municipal Zoning Ordinance upon which the application is based and briefly state the relief sought and state facts or reasons in support of the grant of the application:

b. If box "E" above is checked, please explain the action of the Zoning Officer which is being appealed, the justification and/or grounds for appeal, and the section of the Zoning Ordinance which was allegedly violated:

c. If box "F" above is checked, please list matters which are at issue and the grounds for the challenge. In addition, please attach the plans or other materials describing the use or development permitted by the challenged ordinance or map and attach the proper certification as required by Section 1004 of the "The Pennsylvania Municipalities Planning Code."

Please submit the following documents (check below the documents contained in this application):

a. A Certificate of Ownership

b. A Narrative giving a detailed explanation

C. A completed Zoning/ and Use Permit Application

d. A completed Preliminary Subdivision Plat Application

e. A proposed Site Development Plan

f. A Vicinity Map and Plot Plan

g. Subdivision Water and Sewage Report

i. Other (specify)

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that the foregoing information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903 relating to unsworn falsifications to authorities.

Applicant Signature:		Date://	
Print Name (<i>legibly</i>):	Email:		
Address:	Phone No.:		
street	/ city / zip		
For official use only			
Date Received in Office:	Fee Received: \$	Received By:	
Date(s) of Publication:	What Pul	blication:	
Hired Stenographer:	Date of Hearing:		
Sent Notices:	Date of Action:		
Date Property is Posted:	by:	Action:	
FEES: IN ACCORDANCE WITH THE	MUNICIPAL FEE SCHEDULE		
Variance Request/Special Exception		These Fees are not reimbursable and if chargeable	
Appeal from Zoning Officer or Other		cost exceeds these fees, those costs will be billed	
Substantive Validity Challenge	\$650.00	to the applicant and are payable within 30 days	

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