



TOWNSHIP OF SPRING

BERKS COUNTY, PA
2800 SHILLINGTON RD.
READING, PA 19608
Tel. (610) 678-5393
Fax. (610) 678-4571
Website: springtwpberks.org

APPLICATION TO THE BOARD OF SUPERVISORS

Date: _____.

This application is made in accordance with the applicable Zoning Ordinance of the Township of Spring, Berks County, Pennsylvania, and amendments thereto.

Applicant _____.

Address of Applicant _____, Phone _____.

Address of Property affected _____.

Hearing requested in regard to: Change to Zoning Ordinance
 Curative Amendment
 Appeal to Planning Commission action
 Conditional Use Hearing

Fee: _____ (Fee shall be submitted with this application)

Statement on separate sheet(s) shall be attached to application setting forth reason for Hearing by the Board of Supervisors.

The applicant by his signature, certifies that he has read the applicable sections of the Zoning Ordinance and its amendments and is fully cognizant of its requirements. Costs incurred over and above the current fee set for hearings before the Board of Supervisors shall be paid by the applicant. Any unused portion of the fee will be returned to the applicant.

By: _____
Applicant or Corporate Officer

_____.

Date application received in completed form: _____ By: _____.

Date of hearing by Board of Supervisors _____.

Advertised in newspapers: _____.

Location Posted: _____ By: _____.