

ZONING HEARING BOARD APPLICATION

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 _____

Phone/Fax _____ Property Address _____

Hearing requested to:

<input type="checkbox"/> Appeal from Zoning Officer	<input type="checkbox"/> Special Exception	<input type="checkbox"/> Variance	<input type="checkbox"/> Agriculture Permit
<input type="checkbox"/> Temporary Permit	<input type="checkbox"/> Boundary of Zoning District	<input type="checkbox"/> Other	<input type="checkbox"/> Additional Info Attached

Fee: _____

Application Request: _____

(Attach separate sheet if necessary)

The applicant, by signature, certifies that: 1) the applicable sections of the regulations have been read and understood; 2) the applicant is fully cognizant of the requirements; and, 3) in the event costs incurred are over and above the current fee set for the Zoning Board hearings, said additional costs will be paid for by the applicant.

By: _____
Applicant or Corporate Officer

Additional data required for advance information to the Zoning Hearing Board is attached as shown below. In each case, the complete record of other existing data shall be supplied.

APPEAL FROM THE ZONING OFFICER: (Appeal time: 30 days from original decision)

_____ Statement concerning reason for appeal
_____ Date of original decision leading to the appeal

SPECIAL EXCEPTION: Material required for a Zoning Permit, or the completed application. Statements concerning:

<input type="checkbox"/> Traffic Congestion	<input type="checkbox"/> Fire and other hazards	<input type="checkbox"/> Population density	<input type="checkbox"/> Public Services
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VARIANCE: Material required for a Zoning Permit or the complete application. Statements concerning:

<input type="checkbox"/> Traffic Congestion	<input type="checkbox"/> Fire and other hazards	<input type="checkbox"/> Population density	<input type="checkbox"/> Public Services
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Reasons for the Request:

<input type="checkbox"/> Basis of the hardship	<input type="checkbox"/> Effect on adjacent properties	<input type="checkbox"/> Uniqueness of the conditions	<input type="checkbox"/> Effect of actions of applicant
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AGRICULTURE PERMIT:

Provide: Description of the operations, including effects
Designate manner of sanitary sewerage disposal
Map of the site showing dimensions of all buildings and structures

TEMPORARY PERMIT:

_____ Statement and appropriate signatures of present owner and names of organization(s) requesting permit.

_____ Statement describing the proposed use and estimated duration.

ZONING DISTRICT BOUNDARIES:

_____ Map of the area in question

Date Completed Application Received: _____ By: _____

Date of Hearing by Zoning Hearing Board: _____ Dates advertised: _____

Location Posted: _____

Decision to be heard: _____