

**TOWNSHIP OF SPRING**  
**BERKS COUNTY, PENNSYLVANIA**

To be completed by Applicant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone/Cell No.: \_\_\_\_\_

Township Use Only:

File Name: \_\_\_\_\_

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

Fee Paid: \_\_\_\_\_

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

**APPLICATION TO**  
**THE ZONING HEARING BOARD**

All sections of this application form must be completed, and all necessary filing fees paid in accordance with the current fee schedule adopted by the Board of Supervisors. Four copies of the application and supporting documents shall be submitted, including any other information the Zoning Hearing Board deems necessary to make a determination. Failure to do so may delay any consideration by the appropriate reviewing agency.

Subject to schedule of the advertised public hearing, the applicant or his/her representative is expected to prepare their proposal for consideration. If applicant or representative fails to prepare in a timely manner the information, he/they may request a continuance of such hearing. Any and all additional costs associated with the necessary preparations to reschedule and continue such hearing, shall be borne by the applicant, including but not limited to advertising, stenographer fees, etc.

**CERTIFICATION:**

In accordance with all other ordinances, laws and mandates of the Township of Spring, Berks County, and the Commonwealth of Pennsylvania, I/we \_\_\_\_\_ hereby make application for (please check applicable relief): \_\_\_\_\_ Variance and/or \_\_\_\_\_ Special Exception and/or \_\_\_\_\_ Appeal from the Zoning Officer's decision of said zoning as more fully described in the Township of Spring Zoning Ordinance, adopted in March 26, 2007, and amended March 10, 2008, April 28, 2008, January 12, 2009, December 23, 2013 and June 22, 2015.

Chapter: \_\_\_\_\_

SECTION: \_\_\_\_\_

Chapter: \_\_\_\_\_

SECTION: \_\_\_\_\_

Chapter: \_\_\_\_\_

SECTION: \_\_\_\_\_

Chapter: \_\_\_\_\_

SECTION: \_\_\_\_\_

Please print or type the following information:

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

1. The name and address of the owner of the property under consideration:

\_\_\_\_\_  
\_\_\_\_\_

Please advise of the applicant's interest in the property if other than the titled owner, (i.e. equitable owner, attorney-in-fact, etc.) \_\_\_\_\_

2. Exact location of the property under consideration:

\_\_\_\_\_

Tax Parcel No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

3. Zoning District: \_\_\_\_\_ Lot Area (Sq. Ft.) \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_ Feet x \_\_\_\_\_ Feet

4. Present or most recent use of structure and/or lot. (If vacant, state last date of use).

\_\_\_\_\_

5. Provide a brief description and location of the property to be affected by the proposed change or appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please explain why you deem it necessary that this appeal be heard:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete the following questions to the best of your knowledge and ability:

1. Is present or most recent use described as non-conforming, special exception, variance or conditional use? \_\_\_\_\_ Date use was granted: \_\_\_\_\_
2. Is use approved by permit from the Township of Spring or other approving body? \_\_\_\_\_  
(Attach applicable permits or licenses)
3. Is this property serviced by public water? \_\_\_\_\_ public sewer? \_\_\_\_\_

4. If an on-lot septic system is in use or projected for use, please indicate the size, capacity and the location of the system:

\_\_\_\_\_

5. Have sewage permits been issued for the proposed/existing use? \_\_\_\_\_  
(Attach copy of permit approval.)

6. List all adjacent property uses (i.e. residential, commercial, industrial, etc.):

\_\_\_\_\_

\_\_\_\_\_

7. List all owners of all adjacent parcels:

Name:

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following must be submitted along with the application:

1. A reasonably accurate description of the additions or changes intended to be made under this application, indicating the size, material, and general construction of such proposed improvements.
2. A plot plan of the property to be affected, indicating the location and size of the lot and the size of existing and intended improvements.
3. A statement of the Sections of the Zoning Ordinance under which the appeal is made and reasons why it should be granted, or a statement of the Sections of the Zoning Ordinance governing the situation in which the alleged erroneous ruling is being appealed and the reasons for this appeal.
4. A copy of the Deed of Record or other instrument under which applicant claims standing.

The application, plans, designs, sketches and supporting data shall become a part of this application and the property of the Township of Spring public file system.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant acknowledges that the Township has sixty (60) days from the date of receipt of a completed application to schedule a public hearing.**

If the applicant is a corporation or fictitious name, please have this application executed by the authorized officer(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SEAL)