IMPORTANT NOTICE

All submitted Zoning Hearing Board applications are reviewed by the Plumstead Township Board of Supervisors at the next scheduled public meeting after receipt of the application, and the applicant may attend this meeting.

Under the Municipalities Planning Code the Board of Supervisors at their discretion may choose to send the Township Solicitor to oppose an application. Notice is sent to the Zoning Hearing Board Solicitor, with the applicant’s attorney, other professional, or the applicant being copied.
ZONING HEARING BOARD APPLICATION

All applications shall be submitted to: Plumstead Township
5186 Stump Road
P.O. Box 387
Plumsteadville, PA 18949

ALL applications shall include:
___ Seven (7) copies completed application form
___ Seven (7) copies of the last deed
___ Seven (7) copies of the plot plan drawn to scale showing all buildings and other improvements
___ Seven (7) copies of a list of names and street addresses of all property owners within
   One Thousand (1,000) feet of the property in question, including all adjoining property
   owners, as well as those located across any adjoining street
___ The requisite filing fee plus escrow* is to be made payable to “Plumstead Township”

FILING FEE AND ESCROW TO BE IN SEPARATE CHECKS
APPLICATION WILL NOT BE ACCEPTED IF ONE (1) CHECK IS SUBMITTED

Filing Fees

Residential $400.00 plus $1,000.00 escrow*
Nonresidential or Residential with 3 or more lots $500.00 plus $2,000.00 escrow*

Residential/Substantive Challenge $7,500.00 plus $400.00 for each
   Additional hearing in excess of five (5)
Nonresidential/Substantive Change $7,500.00 plus $400.00 for each
   Additional hearing in excess of five (5)

*Escrow funds will be used to pay costs associated with advertising, mailing, stenographic services and
other costs incurred by Plumstead Township or by the Zoning Hearing Board in connection with the
application. The applicant shall at all times be responsible for the cost and expenses of any proceeding.
In the event that the costs exceed the total escrowed funds, the applicant shall reimburse the Township
for excess expenses. In the event that the costs are less than the total escrowed funds, the balance will be refunded to the applicant.

PLUMSTEAD TOWNSHIP ZONING HEARING BOARD
APPLICATION FOR HEARING

EMAIL ADDRESS IS REQUIRED:

1. APPELLANT / APPLICANT ____________________________
   ADDRESS ______________________________________ PHONE ________
   OWNER _______________________________________
   ADDRESS ______________________________________ PHONE ________
   ATTORNEY OR AGENT ____________________________
   ADDRESS ______________________________________ PHONE ________

2. IF APPLICANT IS NOT THE OWNER, STATE APPLICANT'S AUTHORITY TO TITLE INTEREST TO BRING THIS APPLICATION (EQUITABLE OWNER, AGENT, LESSEE, ETC.):

________________________________________________________________________

3. THE UNDERSIGNED HEREBY: (CHECK APPLICABLE ITEM OR ITEMS)
   (A) _____ APPEALS FROM THE ACTION OF THE ZONING OFFICER
   (B) _____ REQUESTS A SPECIAL EXCEPTION
   (C) _____ REQUESTS A VARIANCE
   (D) _____ CHALLENGES THE VALIDITY OF THE ZONING ORDINANCE OR MAP
   (E) _____ WISHES A UNIFIED APPEAL IN ACCORD WITH THE MUNICIPALITIES PLANNING CODE, SECTION 913.1

4. ADDRESS OF PREMISES ______________________________
   DESCRIPTION OF PREMISES INVOLVED (ATTACH PLAN OF THE LOT AND THE IMPROVEMENTS BOTH ERECTED AND PROPOSED):
   ____________________________________________________________________
   ____________________________________________________________________
   ____________________________________________________________________
   TAX PARCEL NO. _____________ DATE OF PRESENT DEED _____________
   PRESENT ZONING CLASSIFICATION ______________________________________

9/13/2016
PRESENT USE ____________________________________________
LOT SIZE ____________________________________________

NATURE OF IMPROVEMENTS:
(A) PRESENT __________________________________________
(B) PROPOSED _________________________________________

5. USE IN CASE OF AN APPEAL FROM THE ACTION OF THE ZONING OFFICER:
(A) THE ACTION TAKEN WAS _______________________________

(B) THE DATE OF THE ACTION WAS ________________________
(C) THE FOREGOING ACTION WAS IN ERROR BECAUSE ______________

6. USE FOR REQUEST FOR SPECIAL EXCEPTION:
(A) NATURE OF SPECIAL EXCEPTION SOUGHT IS ________________

(B) THE SPECIAL EXCEPTION IS ALLOWED UNDER PART ________
SECTION ______ SUBSECTION ______ OF THE PLUMSTEAD
TOWNSHIP MUNICIPAL ZONING ORDINANCE.
(C) IF MORE THAN ONE SPECIAL EXCEPTION IS REQUIRED, LIST ALL
ORDINANCE REFERENCES AND THE NATURE OF THE EXCEPTIONS
SOUGHT:

________________________________________________________

________________________________________________________

7. USE FOR A REQUEST FOR A VARIANCE:
(A) THE NATURE OF VARIANCE SOUGHT IS: ________________

________________________________________________________

________________________________________________________

9/13/2016
7. (B) THE VARIANCE IS FROM PART _______ SECTION _______
SUBSECTION _______ OF THE PLUMSTEAD TOWNSHIP MUNICIPAL
ZONING ORDINANCE.

(C) IF MORE THAN ONE VARIANCE IS REQUIRED, LIST ALL ORDINANCE REFERENCES AND THE NATURE OF THE VARIANCES SOUGHT:


(D) THE NATURE OF THE UNIQUE CIRCUMSTANCES AND THE UNNECESSARY HARDSHIP JUSTIFYING THIS REQUEST FOR A VARIANCE IS:


8. USE IN CASE OF A CHALLENGE TO THE VALIDITY OF A ZONING ORDINANCE OR MAP:

(A) THE ORDINANCE OF MAP CHALLENGED IS AS FOLLOWS:


(B) THE CHALLENGE IS RIPE FOR DECISION BECAUSE:


(C) THE ORDINANCE CHALLENGED IS INVALID BECAUSE:


9. IF YOU ARE REQUESTING A UNIFIED APPEAL AS DEFINED IN SECTION 913.1 OF THE MUNICIPALITIES PLANNING CODE, COMPLETE 5, 6, 7 OR 8 ABOVE SETTING FORTH THE ZONING QUESTION(S) FOR THE BOARD’S CONSIDERATION, AND COMPLETE THE FOLLOWING:


9/13/2016
9. (A) THE DEVELOPMENT OR DEVELOPMENT PLAN IS DESIGNATED AS FOLLOWS:

_____________________________________________________________________

(B) THE NON-ZONING ISSUE(S) ABOUT WHICH TESTIMONY WILL BE PRESENTED ARE:

_____________________________________________________________________

_____________________________________________________________________

10: HAS THERE BEEN ANY PREVIOUS ZONING APPEAL, VARIANCE OR SPECIAL EXCEPTION FOR THIS PROPERTY:

YES _______ NO _______

IF YES, PLEASE INDICATE THE DATE THEREOF AND NATURE OF ZONING GRANTED:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
THE APPLICANT AGREES TO REIMBURSE THE TOWNSHIP FOR ALL EXPENSES INCURRED BY IT BY REASON OF THE APPLICATION OVER THE SUMS DEPOSITED WITH THE TOWNSHIP.

__________________________________
SIGNATURE OF APPLICANT

__________________________________
SIGNATURE OF OWNER

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _________________________

THE UNDERSIGNED, BEING DULY SWORN ACCORDING TO LAW, DEPOSES AND SAYS THAT HE IS THE ABOVE-NAMED APPLICANT, THAT HE IS AUTHORIZED TO AND DOES TAKE THIS AFFIDAVIT ON BEHALF OF THE OWNER, AND THAT THE FACTS ARE TRUE AND CORRECT.

__________________________________
APPLICANT

SWORN TO AND SUBSCRIBED
BEFORE ME THIS ________ DAY
OF ______________________ A.D., ________

__________________________________
NOTARY PUBLIC

DATE RECEIVED _______________________

FEE PAID _______________________

__________________________________
ZONING OFFICER