

PROVIDENCE TOWNSHIP ZONING HEARING BOARD APPLICATION

Application Fee: _____

Tax Map Number: _____

Applicant: _____

Address: _____

Telephone Number: _____

Property Owner: _____

Address: _____

Telephone Number: _____

Location of Property: _____

Current Zoning District in which property is located: _____

If Applicant is not the owner of the property, state Applicant's interest in the property:

Property Owner's Signature *(if different than applicant)* _____

Has this property been involved in a previous Zoning Hearing? _____

If yes, provide details: _____

Current use of property: _____

This Application is for: _____

Appeal

Interpretation of Zoning Ordinance

Special Exception

Variance

Section(s) under which application is filed _____

Having been informed that Applicant is entitled to have a hearing on this application scheduled within sixty (60) days after submission of a complete application (including all fees), Applicant waives this right and extends to the Zoning Hearing Board seventy-five (75) days within which to hold a hearing. Yes _____ No _____

Description of specific use provided - Provide a description of the proposed use, including the nature of the neighborhood, type of use, size of use and attach a drawing to scale identifying location of buildings and proposed use, distance from property lines and streets, size of property and any other details necessary to describe proposed use. (attach additional page if more space is needed): _____

Applicant Signature: _____ Date: _____

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For Providence Township Use Only

Applicant Fee: _____ Date Paid: _____

Approved By: _____

Notice of Hearing Advertised: _____

Notice of Hearing Mailed: _____

Application Granted _____ Denied _____ in accordance with the terms of a resolution found in the minutes of meeting dated _____

Date Notice of Decision Mailed: _____

Date of Building Permit: _____ Permit No. _____

Building Permit Fee: _____ Date Paid: _____

Heidi Martinez, Zoning Hearing Board Secretary