PROVIDENCE TOWNSHIP ZONING HEARING BOARD APPLICATION

Application Fee: Tax Map Number: \$650.00 for single request/\$100.00 per additional request			er: Date		
Maximum of \$850.00 (For Township Use)					
>	Appli	Name (Please Print):			
	Appli	cant Signature (Requir	ed):		
>	Property Owner Name (Please Print): Property Owner Address: Telephone Number: Property Owner Signature (Required):				
>	Address of Subject Property:				
>	Current Zoning District in which property is located:				
>	Current use of property:				
>	If Applicant is not the owner of the property, state Applicant's interest in the property:				
		☐ Special Exception	Ordinance §		
This			Ordinance §		
		☐ Interpretation of Zoning Ordinance	Ordinance §		
		☐ Appeal of Zoning Officer's determina	Ordinance §tion		
		□ Other			
>	·	•	n a previous Zoning Hearing?		

Note: Please submit 5 copies of application and all supporting documentation with payment.

Description of specific use provided (Site			
the proposed use, including the nature of the attach a drawing to scale identifying location of	buildings and	d proposed use, distance from	
property lines and streets, size of property ar	•	•	
proposed use. (attach additional page if more	space is fieed	ueu).	
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Applicant Signature:	Date:		
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<u>For Providence Tov</u>	vnship Use C	<u>Only</u>	
Applicant Fee:	Date Paid:		
Approved By:			
Notice of Hearing Advertised:			
Notice of Hearing Mailed:			
Application Granted Denied	_ in accordan	ce with the terms of a	
resolution found in the minutes of meeting dat	ed		
Date Notice of Decision Mailed:			
Date of Building Permit:	_ Permit No.		
Building Permit Fee:	_ Date Paid:		
Ben McCue, Zoning Hearing Board Secretary			