



ZONING HEARING BOARD APPLICATION

BOROUGH OF CHALFONT, BUCKS COUNTY, PA

The undersigned hereby:

- _____ Appeals from the actions of the Zoning Officer
State the action being appealed _____
- _____ Requests a Special Exception
- _____ Requests a variance
- _____ Challenges the validity of a Zoning Ordinance or Map
- _____ Wishes a unified appeal in accordance with Municipal Planning Code Section 913

2. Property Owner Information:

Name: _____
Address: _____

3. Applicant Information: Check if same as property owner and skip to number 4.

Name: _____
Address: _____

If applicant is not the owner, what is the applicant's authority or interest in this property?

4. Property Address/Location _____

5. Description of premises (Attach lot plan and improvements both existing and proposed.)

Tax Parcel Number: _____
Zoning District: _____
Present Use: _____

6. Nature of Proposed Improvement: _____

7. Appeal From Action of the Zoning Officer

Action Taken: _____
Date of Action: _____
Action was in error because: _____

8. Challenge the validity of a Zoning Ordinance or Map

Ordinance or Map challenged is _____
The problem with it is _____
The Ordinance is invalid because _____



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9. **Special Exception**

Nature of the Special Exception sought: _____

This is allowed under Article _____, Section _____, Subsection _____ of the Zoning Ordinance.

Reason for this request _____

10. **Request for Variance**

Nature of the Variance sought: _____

Variance requested is from Article _____, Section _____, Subsection _____ of the Zoning Ordinance.

State the unique circumstances and the hardship justifying the request for variance _____

11. **Unified Appeal** (as defined in Section 913.1 of the MPC, complete section 7,8,9, or 10 above setting forth the Zoning question(s) for the Board's consideration, and complete the following.)

The development or development plan is designated as follows: _____

The non-zoning issue(s) for which testimony will be presented is (are): _____

I hereby affirm that the foregoing are true and correct statements of fact.

SIGNATURE OF APPLICANT

Notice to applicant: Ten (10) copies of this application including all plans and drawings must be submitted to the Zoning Officer along with the required fees and escrow as determined by the current fee schedule. *Please note: applications for special exceptions require eight (8) additional copies to be submitted.

Date Received as Complete by Zoning Officer _____

Date Sent to Zoning Hearing Board _____

Notes: _____

Final Disposition: _____
