

**WAYNE TOWNSHIP APPLICATION TO ZONING HEARING BOARD**

Wayne Township Zoning Hearing Board  
P.O. Box 97  
Friedensburg, PA 17933-0097

Check must accompany application  
**Payable to WAYNE TOWNSHIP**  
**FEE..... \$700.00**

1. Name of Applicant \_\_\_\_\_ Phone \_\_\_\_\_
2. Mailing Address \_\_\_\_\_
3. Location of Property \_\_\_\_\_
4. Owners of property \_\_\_\_\_  
Tax Parcel # \_\_\_\_\_  
Does tenant have owners consent for proposed work? \_\_\_\_\_
5. Present use of land \_\_\_\_\_  
Lot Size \_\_\_\_\_
6. Property is located in \_\_\_\_\_ Zoning District as shown on Zoning Map
7. Proposed use of structure or land  
NEW STRUCTURE \_\_\_\_\_ ADDITION \_\_\_\_\_ ALTERATION \_\_\_\_\_  
CHANGE OF USE \_\_\_\_\_ OTHER \_\_\_\_\_
8. Applicants Attorney (of any) \_\_\_\_\_
9. Request for: SPECIAL EXCEPTION \_\_\_\_\_  
VARIANCE \_\_\_\_\_  
OTHER \_\_\_\_\_
10. Specific section of Zoning Ordinance involved \_\_\_\_\_

11. Describe purpose of this request \_\_\_\_\_

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12. Reasons why the applicant believes that this request should be granted and indicate the specific hardships which are claimed.

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13. **Attach map of property showing streets, lot size, exact location of all buildings, any proposed work and any exhibits related to application also should be submitted.**

14. Any additional information pertinent to this application.

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I hereby certify that the above information is true and correct to the best of my knowledge, information and belief.

DATED: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**\*\*\*\*\*APPLICANT SHOULD ATTEND SCHEDULED HEARING\*\*\*\*\***