

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.....\$ 1,500.00

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 OS 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 _____

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

13. Attached 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 the application

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*******