

# Dennison Township Zoning Hearing Board Application

Please remit a fee of \$450 payable to BHW at the time of application. Remaining fees (1/2 of stenographer appearance cost and notice/advertising costs) will be invoiced to the applicant.

## Applicant Information

Name:	
Address:	
Phone:	
Email:	

## Property Information

Property Address:	
Parcel ID Number:	
Zoning District:	

Current Use: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

## Type of Appeal

- A **Variance** per section 1509 of the Zoning ordinance.
- A **Special Exception** per section 1510 of the Zoning ordinance.
- A **Review of the Decision** of the Zoning Officer per section 1508, Subsections (C), (D) and/or (G).
- A **Validity Challenge** based upon substantive grounds per section 1508, subsection (A).
- A **Validity Challenge** based upon procedural grounds per section 1508, subsection (A).

## Description of Request / Project Proposal

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**Justification for Request** (Specifically state the grounds based upon the zoning ordinance and/or any other related or appropriate grounds which can support and/or substantiate the request, appeal and/or challenge contained in this application. Attach additional sheets if necessary.)

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Is the applicant/owner represented by an attorney:

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Attorney (if applicable) \_\_\_\_\_

**List all names and addresses of property owners within 100 feet of the property along all boundary lines. (Use added paper if necessary)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

### **Certification**

I hereby certify that the statements and information contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements, I am subject to such penalties as may be prescribed by law and ordinance.

**Signature of Applicant:**

\_\_\_\_\_

**Date:** \_\_\_\_\_

### **Submission Instructions**

Submit completed application and **required fee** Incomplete applications will not be accepted. A copy of your application for a Zoning Permit, and/or Notice of a Zoning Violation (*If Applicable*) and any other related information from the Zoning Officer must accompany this application- including building plans if applicable.

### For Official Use Only

Permit No.:	
Date Received:	
Publication Dates:	
Fee Paid:	
Hearing Date:	
Decision:	