

5186 Stump Rd
Box 387
Plumsteadville, PA 18949



215-766-8914
FAX – 215-766-9831

ZONING HEARING BOARD APPLICATION

**All applications shall be submitted to: Plumstead Township
5186 Stump Road
P.O. Box 387
Plumsteadville, PA 18949**

ALL applications shall include:

- ___ Seven (7) copies completed application form
- ___ Seven (7) copies of the last deed
- ___ Seven (7) copies of the plot plan drawn to scale showing all buildings and other improvements
- ___ Seven (7) copies of a list of names and street addresses of all property owners within One Thousand (1,000) feet of the property in question, including all adjoining property owners, as well as those located across any adjoining street
- ___ The requisite filing fee plus escrow* is to be made payable to **“Plumstead Township”**

**FILING FEE AND ESCROW TO BE IN SEPARATE CHECKS
APPLICATION WILL NOT BE ACCEPTED IF ONE (1) CHECK IS SUBMITTED**

Filing Fees

Residential	\$400.00 plus \$1,000.00 escrow*
Nonresidential or Residential with 3 or more lots	\$500.00 plus \$2,000.00 escrow*
Residential/Substantive Challenge	\$7,500.00 plus \$400.00 for each Additional hearing in excess of five (5)
Nonresidential/Substantive Change	\$7,500.00 plus \$400.00 for each Additional hearing in excess of five (5)

*Escrow funds will be used to pay costs associated with advertising, mailing, stenographic services and other costs incurred by Plumstead Township or by the Zoning Hearing Board in connection with the application. The applicant shall at all times be responsible for the cost and expenses of any proceeding. In the event that the costs exceed the total escrowed funds, the applicant shall reimburse the Township for excess expenses. In the event that the costs are less than the total escrowed funds, the balance will be refunded to the applicant.

PLUMSTEAD TOWNSHIP ZONING HEARING BOARD

APPLICATION FOR HEARING

EMAIL ADDRESS IS REQUIRED:

1. APPELLANT / APPLICANT _____
ADDRESS _____ PHONE _____
OWNER _____
ADDRESS _____ PHONE _____
ATTORNEY OR AGENT _____
ADDRESS _____ PHONE _____

2. IF APPLICANT IS NOT THE OWNER, STATE APPLICANT'S AUTHORITY TO TITLE INTEREST TO BRING THIS APPLICATION (EQUITABLE OWNER, AGENT, LESSEE, ETC.):

3. THE UNDERSIGNED HEREBY: (CHECK APPLICABLE ITEM OR ITEMS)

- (A) _____ APPEALS FROM THE ACTION OF THE ZONING OFFICER
(B) _____ REQUESTS A SPECIAL EXCEPTION
(C) _____ REQUESTS A VARIANCE
(D) _____ CHALLENGES THE VALIDITY OF THE ZONING ORDINANCE OR MAP
(E) _____ WISHES A UNIFIED APPEAL IN ACCORD WITH THE MUNICIPALITIES PLANNING CODE, SECTION 913.1

4. ADDRESS OF PREMISES _____

DESCRIPTION OF PREMISES INVOLVED (ATTACH PLAN OF THE LOT AND THE IMPROVEMENTS BOTH ERECTED AND PROPOSED):

TAX PARCEL NO. _____ DATE OF PRESENT DEED _____

PRESENT ZONING CLASSIFICATION _____

PRESENT USE _____

LOT SIZE _____

NATURE OF IMPROVEMENTS:

(A) PRESENT _____

(B) PROPOSED _____

5. USE IN CASE OF AN APPEAL FROM THE ACTION OF THE ZONING OFFICER:

(A) THE ACTION TAKEN WAS _____

(B) THE DATE OF THE ACTION WAS _____

(C) THE FOREGOING ACTION WAS IN ERROR BECAUSE _____

6. USE FOR REQUEST FOR SPECIAL EXCEPTION:

(A) NATURE OF SPECIAL EXCEPTION SOUGHT IS _____

(B) THE SPECIAL EXCEPTION IS ALLOWED UNDER PART _____

SECTION _____ SUBSECTION _____ OF THE PLUMSTEAD
TOWNSHIP MUNICIPAL ZONING ORDINANCE.

(C) IF MORE THAN ONE SPECIAL EXCEPTION IS REQUIRED, LIST ALL
ORDINANCE REFERENCES AND THE NATURE OF THE EXCEPTIONS
SOUGHT:

7. USE FOR A REQUEST FOR A VARIANCE:

(A) THE NATURE OF VARIANCE SOUGHT IS: _____

7. (B) THE VARIANCE IS FROM PART _____ SECTION _____
SUBSECTION _____ OF THE PLUMSTEAD TOWNSHIP MUNICIPAL
ZONING ORDINANCE.

(C) IF MORE THAN ONE VARIANCE IS REQUIRED, LIST ALL ORDINANCE
REFERENCES AND THE NATURE OF THE VARIANCES SOUGHT:

(D) THE NATURE OF THE UNIQUE CIRCUMSTANCES AND THE UNNECESSARY
HARDSHIP JUSTIFYING THIS REQUEST FOR A VARIANCE IS:

8. USE IN CASE OF A CHALLENGE TO THE VALIDITY OF A ZONING ORDINANCE OR
MAP:

(A) THE ORDINANCE OF MAP CHALLENGED IS AS FOLLOWS:

(B) THE CHALLENGE IS RIPE FOR DECISION BECAUSE:

(C) THE ORDINANCE CHALLENGED IS INVALID BECAUSE:

9. IF YOU ARE REQUESTING A UNIFIED APPEAL AS DEFINED IN SECTION 913.1
OF THE MUNICIPALITIES PLANNING CODE, COMPLETE 5, 6, 7 OR 8 ABOVE
SETTING FORTH THE ZONING QUESTION(S) FOR THE BOARD'S CONSIDERATION,
AND COMPLETE THE FOLLOWING:

9. (A) THE DEVELOPMENT OR DEVELOPMENT PLAN IS DESIGNATED AS FOLLOWS:

(B) THE NON-ZONING ISSUE(S) ABOUT WHICH TESTIMONY WILL BE PRESENTED ARE:

10: HAS THERE BEEN ANY PREVIOUS ZONING APPEAL, VARIANCE OR SPECIAL EXCEPTION FOR THIS PROPERTY:

YES _____

NO _____

IF YES, PLEASE INDICATE THE DATE THEREOF AND NATURE OF ZONING GRANTED:

THE APPLICANT AGREES TO REIMBURSE THE TOWNSHIP FOR ALL EXPENSES INCURRED BY IT BY REASON OF THE APPLICATION OVER THE SUMS DEPOSITED WITH THE TOWNSHIP.

SIGNATURE OF APPLICANT

SIGNATURE OF OWNER

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

THE UNDERSIGNED, BEING DULY SWORN ACCORDING TO LAW, DEPOSES AND SAYS THAT HE IS THE ABOVE-NAMED APPLICANT, THAT HE IS AUTHORIZED TO AND DOES TAKE THIS AFFIDAVID ON BEHALF OF THE OWNER, AND THAT THE FACTS ARE TRUE AND CORRECT.

APPLICANT

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY
OF _____ A.D., _____

NOTARY PUBLIC

DATE RECEIVED _____

FEE PAID _____

ZONING OFFICER