

**ZONING HEARING BOARD
TOWNSHIP OF WEST DONEGAL
LANCASTER COUNTY, PENNSYLVANIA**

APPLICATION FOR A HEARING

CHECK ALL APPLICABLE REQUESTS FOR HEARING:

Request for Variance _____

Request for Special Exception _____

Appeal from Decision of Zoning Officer _____

Challenge to the Validity of the Zoning Ordinance _____

1. Name of Property Owner: _____
2. Address of Property Owner: _____
3. Telephone Number of Property Owner: _____

**COMPLETE QUESTIONS #4 - #7 ONLY IF APPLICANT IS DIFFERENT FROM
PROPERTY OWNER**

4. Name of Applicant: _____
5. Interest of Applicant: _____
6. Address of Applicant: _____
7. Telephone Number of Applicant: _____
8. Address of Property Affected: _____
9. State the present or proposed use of the property which is the subject of the instant application:

10. State the section or sections of the Zoning Ordinance under which the Hearing is being requested:

11. Attach three (3) copies of a Site Plan prepared in accordance with the Township Zoning Ordinance.

12. Please describe the grounds for the instant application (attach additional explanations on a separate sheet if necessary):

A. If appeal from a determination of the Zoning Officer, what was the determination, and what is the error alleged? _____

B. If a request for a special exception, please identify the proposed special exception, including the applicable section of sections or the Zoning Ordinance: _____

C. If a request for a variance, please set forth the variances requested and the hardship to support the granting of such variances or variances: _____

D. If a challenge to the validity of the Zoning Ordinance, please specify the Section or Sections of the Zoning Ordinance claimed to be invalid and the grounds for such alleged invalidity: _____

13. This application is not complete until the fee established for such applications by ordinance or resolution of the Board of Supervisors has been paid by Applicant and all information required by this application has been furnished. In making this application, the Applicant agrees to pay all fees required by the fee schedule adopted by the Board of Supervisors by ordinance or resolution in effect on the date of the application.

By signing this Application, I, the Applicant, do hereby verify that I have reviewed and understand the statements made in this Application and that all such statements are true and correct to the best of my knowledge, information and belief. These statements are being given by me to induce official action on the part of the West Donegal Township Zoning Hearing Board, and I understand that any false statements made herein are being made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Date: _____

(Signature of Applicant; show capacity if applicant is a partnership or a corporation)

(If the application is being made by a person other than the property owner, attach a written authorization from the owner consenting to the application and designating you as his agent.)