



**APPLICATION TO ZONING HEARIND BOARD**  
**WEST POTTS GROVE TOWNSHIP, MONTGOMERY COUNTY, PENNSYLVANIA**

|                              |                |                  |
|------------------------------|----------------|------------------|
| <i>COMPLETED BY TOWNSHIP</i> |                |                  |
| Appl. No.                    | Date Filed     | Amount of Fee \$ |
| Receipt No.                  | Date Fee Filed |                  |

1. Applicant Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_

Legal Status of Applicant (check one)

- Owner of legal title  Owner of equitable title  
 Tenant with permission of owner of legal title  
 Other (explanation) \_\_\_\_\_

2. Type of Application (check one or more if applicable)  
TO ZONING HEARING BOARD  
 A. Appeal from Zoning Officer (interpretation of Ordinance or Map).  
 B. Request for Special Exception under Zoning Ordinance Section \_\_\_\_\_  
 C. Request for Variance under Zoning Ordinance Section \_\_\_\_\_

3. Applicant's attorney, if any  
Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Mailing Address \_\_\_\_\_

4. Property Involved  
(a) Present Zoning Classification \_\_\_\_\_  
(b) Number & Street \_\_\_\_\_  
(c) Location, with reference to nearby intersections or prominent features  
\_\_\_\_\_  
\_\_\_\_\_  
(d) Tax Map Parcel No. \_\_\_\_\_  
(e) Dimensions: Area \_\_\_\_\_ Frontage \_\_\_\_\_ Depth \_\_\_\_\_  
(f) Size, construction and use of existing improvements or, if unimproved, use of the land \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Proposed use or construction \_\_\_\_\_

6. Estimated cost of proposed construction \_\_\_\_\_

7. Describe the manner in which the proposed use or construction differs from that permitted as of right; state the reasons why your application should be approved; state the legal grounds; cite

specific sections of the Pennsylvania Municipalities Planning Code, the Township Zoning Ordinance, or other acts and ordinances. (Supplemental sheets may be attached)

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8. Has previous appeal been filed concerning the subject of this appeal? \_\_\_\_\_ If yes, specific action and date:  
[ ] Appeal from decision of Zoning Officer, dated \_\_\_\_\_  
[ ] Prior decision of Zoning Hearing Board, dated \_\_\_\_\_

9. List the names and addresses of all property owners within 500 feet of the perimeter of the subject property. (supplemental sheets may be attached)

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I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge, information or belief.

Date \_\_\_\_\_ Signature (s) \_\_\_\_\_

Note: This application must be filled out in duplicate. The original shall be deposited with the Secretary of the Zoning Hearing Board and a copy with the Building Inspector. A copy of the plan of real estate affected showing location and size of lot, the size of improvements now erected or proposed to be erected, or other change desired, together with any other information required by the Zoning Hearing Board must be attached to each copy of this application. If more space is required attach a separate sheet to each copy of this application and make specific reference to the question being answered.