

**WRIGHTSTOWN TOWNSHIP**  
**2203 Second Street Pike, WRIGHTSTOWN, PA 18940**  
**215-598-3313 FAX 215-598-0529**

           **ZONING HEARING BOARD APPLICATION**  
           **UCC APPEALS/TECHNICAL REVIEW BOARD APPLICATION**

**1. Applicant Name:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
If Applicant is not the property owner, state Applicant's Authority to Title or Interest to bring this Application (Equitable Owner, Agent, Lessee, etc.) \_\_\_\_\_

**2. Agent:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**3. Property Owner:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**4. Property Tax Map Parcel Number:** \_\_\_\_\_

Property Physical Address: \_\_\_\_\_

Present Zoning District and Classification: \_\_\_\_\_

Present Use: \_\_\_\_\_

Lot Dimensions: \_\_\_\_\_

**5. The Applicant hereby:**

\_\_\_\_ Appeals an action of the Zoning Officer

\_\_\_\_ Requests a Special Exception

\_\_\_\_ Requests a Variance

\_\_\_\_ Challenges the validity of the Joint Municipal Zoning Ordinance (JMZO) or Map

\_\_\_\_ Wishes a Unified Appeal in Accordance with the Municipalities Planning Code Section 913.1

**6. Failure to submit the following items with this application constitutes an incomplete application that will be rejected.**

- \_\_\_\_ Copies of this application including all drawings and documentation
- Application MUST BE Notarized
- Applicable Application Fee of \$ \_\_\_\_\_
- Separate Continuance Fee of \$ \_\_\_\_\_
- Copy of the Present Deed
- A complete list of names and mailing addresses of all properties within 500 feet of the subject parcel

**7. Description of Premises:**

Present Use: \_\_\_\_\_  
\_\_\_\_\_

Proposed Use/Improvements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. Prior Zoning Appeals, Variances, Special Exceptions Relating to this Property? Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, indicate Date and Nature of Zoning Granted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. FOR APPEAL FROM ACTION OF ZONING OFFICER:**

- A. Action Being Appealed: \_\_\_\_\_  
\_\_\_\_\_
- B. Date of Action Taken: \_\_\_\_\_
- C. The Foregoing Action was believed to be in error because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. FOR REQUEST FOR SPECIAL EXCEPTION:**

- A. Nature of Exception Sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. The Exception is Allowed under Section \_\_\_\_\_ of the JMZO.
- C. If more than one Special Exception is requested, List ALL Pertinent Ordinance Sections and the Nature of each Exception sought. This may be submitted on additional paper.

**11. FOR REQUEST OF VARIANCE:**

- A. Nature of Variance Sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. The Variance is from Section \_\_\_\_\_ of the JMZO
- C. If more than one Variance is requested, List ALL Pertinent Ordinance Sections and the Nature of each Variance sought. This may be submitted on additional paper.
- D. The Nature of the Unique Circumstances and Unnecessary Hardship Justifying the Variance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. FOR CHALLENGE TO ZONING ORDINANCE AND/OR MAP**

A. The Ordinance and/or Map Challenge is as Follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The Challenge is Ripe for Decision Because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. The Ordinance/Map Challenged is Invalid Because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. FOR UNIFIED APPEAL UNDER MPC SECTION 913.1, COMPLETE ALL SECTIONS ABOVE THAT MAY BE APPLICABLE TO THE ZONING QUESTION(S) FOR CONSIDERATION. ALSO COMPLETE THE FOLLOWING:**

A. The Development or Development Plan is Designated as Follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. The Non-Zoning Issue(s) about which Testimony will be Presented are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT/AGENT**

**SIGNATURE OF OWNER**

\_\_\_\_\_

\_\_\_\_\_

|                        |
|------------------------|
| Application Fee: _____ |
| Check #: _____         |
| Continuance Fee: _____ |
| Check #: _____         |
| Submission Date: _____ |

|                    |
|--------------------|
| To ZHB _____       |
| Deadline _____     |
| Ad Dates _____     |
| Hearing Date _____ |

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF \_\_\_\_\_

THE UNDERSIGNED, BEING DULY SWORN ACCORDING TO LAW, DEPOSES AND SAYS THAT HE/SHE IS THE ABOVE NAMED APPLICANT; THAT HE/SHE IS AUTHORIZED TO AND DOES TAKE THIS AFFIDAVIT ON BEHALF OF THE OWNER, AND THAT THE FACTS HEREIN CONTAINED ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

\_\_\_\_\_

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_, 2002.

\_\_\_\_\_  
NOTARY PUBLIC

ZONING OFFICER \_\_\_\_\_ DATE \_\_\_\_\_