

**INSTRUCTIONS FOR FILING APPLICATION TO THE
LOWER POTTS GROVE TOWNSHIP ZONING HEARING BOARD**

1. The Application form shall be filled out completely and if a question is not applicable, then the response should be N/A. The information requested in paragraph 5. Property Subject to Appeal (i.e. Deed Book and Page, Block and Unit No. and Tax Parcel No.) can be located on your present Deed or Real Estate Tax bill to the property, or, you may contact the township office for assistance with this information.
2. The original Application form shall be individually **signed and notarized**.
3. The applicant/applicants shall submit with each Application a plan of the entire property in question setting out specifically the dimensions of the lot in question and any other adjacent lots owned by the same owner or same applicant, the dimensions of the existing buildings on the property, the dimensions of any proposed building on the property, the height of any building on the property, the rear, the side and front yard set backs on buildings and proposed buildings and the quantity and location of the off-street parking. The plan should also contain such additional information as the applicant considers useful at the time of the hearing.
4. If the Applicant is owner of the property in question, please attach a copy of the Deed to the property, if the Applicant is owner of equitable title, or tenant with permission of owner of legal title, please attach proof of equitable ownership or lease).
5. The Applicant is required to provide a complete mailing list of all property owners within 500 feet of the tract boundary which is the subject of this Application.

**APPLICATION TO THE LOWER POTTS GROVE TOWNSHIP
ZONING HEARING BOARD**

APPLICATION # _____

NOTICE TO APPLICANTS

If zoning relief is granted by the Lower Pottsgrove Township Zoning Hearing Board, the applicant, prior to commencing any work, shall obtain all requisite building permits from Lower Pottsgrove Township. Forms are available at the Township office or online at www.lowerpottsgrove.org.

Please note that the zoning hearing fee paid at the time of application does not include any building permit fees.

Should you have any questions regarding the permit process, please contact Lower Pottsgrove Township Zoning Officer Joseph Groff at (610) 323-0436.

TO BE COMPLETED BY THE TOWNSHIP:

Date Application Received: _____ **Application No.** _____

Application Fee Paid: \$ _____ **Check No.** _____

**LOWER POTTS GROVE TOWNSHIP
APPLICATION TO ZONING HEARING BOARD
2199 Buchert Road, Pottstown, PA 19464**

Date: _____

1. Appellant/Applicant:

Name: _____

Mailing Address: _____

Telephone Number: () _____

State whether Applicant is owner of legal title (Attach copy of Deed), owner of equitable title of tenant with permission of owner of legal title (Attach proof of equitable ownership or lease).

2. Classification of Appeal: (check one or more)

_____ Request for Special Exception

_____ Request for a Variance

_____ Appeal from Zoning Officer's Decision

_____ Challenge to the Validity of Zoning Ordinance or Map

_____ Certification of Nonconforming Use/Lot

_____ Other (specify) _____

3. Appellant/Applicant's Attorney (if any):

Name: _____

Mailing Address: _____

Telephone Number: () _____

4. Owner of Property:

Name: _____

Mailing Address: _____

Telephone Number: () _____

5. Property Subject to Appeal:

Location/Street Address: _____

Location/Mailing Address: _____

Deed Book and Page: (See Instruction 1 on Page 5) _____

Block and Unit No.: (See Instruction 1 on Page 5) _____

Tax Parcel No.: (See Instruction 1 on Page 5) _____

Present Zoning Classification: _____

Lot Size: _____

Lot Frontage: _____

Lot Depth: _____

Description of the current use of the property:

Description of the existing improvements on the property:

Description of the proposed use and proposed improvements (if different):

6. State each Section of the Lower Pottsgrove Township Zoning Ordinance which is involved in this Application (and the page number of the Ordinance) and the specific interpretation or relief requested from the Section:

7. If a Variance is being requested, state the specific hardship claimed and the reasons why a Variance should be granted:

8. If a Special Exception is being requested from the Lower Pottsgrove Township Zoning Ordinance, state the legal grounds why the Applicant is entitled to the Special Exception:

9. Has any previous Appeal or Application been filed in connection with this property?

YES _____ NO _____

If so, identify the dates and the subjects of the previous Application or Hearings:

Date of Previous Application or Hearing	Subject
1.	
2.	
3.	
4.	

APPLICANT(S) MUST SIGN APPLICATION IN THE PRESENCE OF A NOTARY.

Applicant/Appellant (Signature)

Co-Applicant / Appellant (Signature)

Co-Applicant / Appellant (Signature)

AFFIDAVIT

Commonwealth of Pennsylvania)

)SS:

County of Montgomery)

Before me, the undersigned notary public, this day, personally, appeared _____,

to me known, who being duly sworn according to law, deposes the following:

**ALL OF THE STATEMENTS CONTAINED IN THE ATTACHED APPLICATION ARE
TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.**

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary Public

My commission expires: