

**APPLICATION FOR ZONING HEARING
East Manchester Township**

For Township Use Only
Zoning Case # _____
Filing Date _____
Fee Paid _____

PLEASE PRINT THE FOLLOWING INFORMATION

rev.5/7/07

Applicant's Name: _____

Address: _____

STREET # & NAME

CITY, STATE & ZIP

Telephone #'s _____

If applicant is not the legal or record owner of the property, a notarized written authorization of the owner to sign or proof of equitable ownership, such as a contract for sale or lease, must be attached to this application.

Property Owner's Name: (if different than applicant) _____

Address: _____

STREET # & NAME

CITY, STATE & ZIP

Telephone #'s _____

Address of property: _____

Tax Map: _____ Parcel: _____ Zoning District: _____ Date purchased: _____

Total square feet of property _____ Square feet of property effected by application _____

Total % of coverage allowed per district _____ Proposed coverage (if any) _____

Any right-of-ways or easements _____ If yes, describe _____

Setbacks as required by zoning district: front _____ rear _____ sides _____

Is property served by Public sewer?: yes ___ no ___ Public water?: yes ___ no ___

Sq ft of dwelling or accessory building _____ Effected square feet of such building _____

Present Use: _____

Proposed Use: _____

Dates of any previous applications: _____

Consultant's Name: (if different than applicant) _____

Address: _____

STREET # & NAME

CITY, STATE & ZIP

Telephone #'s _____

The above-named applicant requests a hearing before the Zoning Hearing Board and a determination on the following matter:

(circle applicable request)

Special Exception

Variance

Appeal

Signature

Date