

BART TOWNSHIP ZONING HEARING BOARD APPLICATION

Six (6) copies of this application, including all plans and drawings shall be submitted to the Zoning Officer together with the application fee of \$850.00 (check or money order written out to BART TOWNSHIP. No application will be accepted without an adequate plan of the subject premises.

This application is a legal document to be utilized in a quasi-judicial hearing.

Solanco Engineering Associates does not provide legal advice and cannot assist in the completion of this application. Applicants shall seek legal counsel and/or services of a land planning consulting firm for assistance if required.

HEARING NUMBER: _____

1. The undersigned applicant hereby: (check appropriate letter(s)).
 - a. _____ appeals from a determination of the Zoning Officer.
 - b. _____ requests a special exception.
 - c. _____ requests a variance.
2. Name(s) and address(es) of all property owner(s)

3. Name and address of applicant: _____

_____ Telephone Number _____
4. If applicant is not the owner, state applicant's authority to bring this application:

(Attach documents in support of said authority to this application)
5. Address of property: _____
6. Provide the following information, as applicable, on a sketch or plot plan, on a sheet at least 8 ½" x 11", drawn to scale. **(NOTE: Inadequate sketch plans will result in the application being returned to the applicant, and the application will be delayed at least one (1) month.)**
 - a. The shape, dimensions and location of the property
 - b. The dimensions and location of each existing structure or addition on the property and setbacks of the same.
 - c. The location of every proposed structure or addition and setbacks of the same.
 - d. For each present or proposed use, the distance between the nearest points of same to each of the nearest boundaries.
 - e. The present location of existing and proposed traffic flow facilities (parking areas, driveways, etc.)
 - f. The approximate location of adjacent boundary lines.
 - g. A designation of North on the sketch or plot plan.
 - h. If the property is located within more than one (1) zoning district, the approximate location of the boundary lines of the districts and the identification of each respective district by name.
7. Tax Parcel Number and/or Account Number of property: _____
8. Zoning Classification:

_____ Agricultural	_____ Light Business
_____ Village Core	_____ Rural Residential
_____ Village Fringe	_____ Conservation
_____ General Business	
9. Present use of property: _____

10. State the size of the property: _____
11. If you are appealing from a determination of the Zoning Officer, complete the following:
- a. The action taken was: _____

Bart Township Zoning Hearing Board Application

- b. The date action was taken: _____
- c. Attach a copy of any written order issued by Zoning Officer in connection with this matter.
- d. The foregoing action was in error because: _____
- _____
- e. If you allege the existence of a non-conforming use, state the nature of such use and the date on which it began: _____
- _____
12. If you are requesting a special exception complete the following:
- a. Nature of special exception sought is: _____
- _____
- b. The special exception is allowed under Article _____ Section _____ Subsection _____ of the Bart Township Zoning Ordinance. (If more than one exception is requested, list ordinance references on separate page).
- c. The reason for the request is: _____
- _____
13. If you are requesting a variance complete the following:
- a. Nature of the variance sought is: _____
- _____
- b. The variance is from Article _____ Section _____ Subsection _____ of the Bart Township Zoning Ordinance. (If more than one variance is requested, list ordinance references on separate page).
- c. The nature of the unique circumstances and the unnecessary hardship justifying this request of a variance is: _____
- _____
14. a. _____ I am not represented by an attorney in connection with this application.
- b. _____ I am represented by _____, Esquire in connection with this application.
- Attorney's address: _____
- Attorney's telephone number: _____

Date Received: _____

(Applicant)

(Zoning Officer)

(Applicant)

(Owner if other than applicant)