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ZONING HEARING APPLICATION

Complete all questions that apply legibly and in ink (type or print)

1. CONTACT INFORMATION:

• Applicants Name(s) _____ Phone: _____

Address: _____

• Property Owner(s) _____ Phone: _____

Address: _____

• Applicant's Agent or Representative if any: _____ Phone: _____

(It may be advisable to retain an attorney since many applications involve legal issues which are based on statutory law or court decisions)

Address: _____

• Applicant's Legal Counsel if any: _____ Phone: _____

Address: _____

2. The subject property is located as follows: _____

Parcel #: _____

3. Zoning District of the subject property: _____

4. Clearly describe the existing use of land and/or building: _____

5. Clearly describe the proposed use of the subject property: _____

6. Grounds for Application (Please check all boxes that apply. A \$500.00 fee is required for **EACH** Variance, Special Exception, Non-Conforming Use Change, Appeal from decision of the Zoning Officer and Challenge to validity of Zoning Ordinance requested).

A. Variance

B. Special Exception

C. Non-Conforming Use Change

D. Appeal from decision of Zoning Officer

E. Challenge to validity of Zoning Ordinance

F. Expansion of a Non-Conformity

G. Other _____

a. If box "A" "B" "C" "F" or "G" above is checked, please cite the section(s) of the Straban Township Zoning Ordinance upon which the application is based and briefly state the relief sought and state facts or reasons in support of the grant of the application:

b. If box "D" above is checked, please explain the action of the Zoning Officer which is being appealed, the justification and/or grounds for appeal, and the section of the Zoning Ordinance which was allegedly violated:

c. If box "E" above is checked, please list matters which are at issue and the grounds for the challenge. In addition, please attach the plans or other materials describing the use or development permitted by the challenged ordinance or map and attach the proper certification as required by Section 1004 of the "The Pennsylvania Municipalities Planning Code."

Please submit the following documents (*check below the documents contained in this application. Please note that **8 copies** of the Application and supporting documents are required*):

- a. A Certificate of Ownership
- b. A Narrative giving a detailed explanation
- c. A completed Land Use Permit Application
- d. A completed Preliminary Subdivision Plat Application
- e. A proposed Site Development Plan
- f. A Vicinity Map and Plot Plan
- g. Subdivision Water and Sewage Report
- h. Other (specify) _____

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that the foregoing information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903 relating to unsworn falsifications to authorities.

Applicant Signature: _____ Date: ____/____/____

Print Name (*legibly*): _____ Email: _____

Address: _____ Phone No.: _____
street / city / zip

For official use only

Date Received in Office: _____ Fee Received: \$ _____ Received By: _____

Date(s) of Publication: _____ What Publication: _____

Hired Stenographer: _____ Date of Hearing: _____

Sent Notices: _____ Date of Action: _____

Date Property is Posted: _____ by: _____ Action: _____