

**WHITEHALL TOWNSHIP
APPLICATION TO ZONING BOARD OF APPEALS
FOR VARIANCE AND/OR APPEAL OF
ZONING ADMINISTRATOR DETERMINATION**

Note: This application form is for all requests for variances (as set forth in Article 3 of the Whitehall Township Zoning Ordinance) and/or zoning administrator appeals. A copy of Article 3 is attached to this application form if this is a variance request.

1. Name, address and email address of Applicant(s): _____

2. Applicant's telephone Number: _____

3. Name(s) and address(es) of owners of the property, if other than the applicants as set forth in paragraph 1: _____

4. Property Address: _____

5. Property Tax Identification Number: _____
(May be obtained from property tax bill or notice)

6. In acres or square feet state the area of the parcel: _____

7. Parcel frontage/width in feet: _____

8. Parcel depth in feet: _____

9. **Property legal description:** Attach to this application a copy of the deed, land contract memorandum, title insurance policy, or other document indicating the full and correct legal description of the property for which a variance use permit is sought. **Also attach a copy of a survey** (if the Applicant has one).

10. **Action requested:** State in detail what the applicant wants. If this is a request for a variance, identify in detail the nature of the variance sought. If this is an appeal of a determination of the Zoning Administrator, identify the action of the Zoning Administrator that is appealed from and indicate why the Applicant believes that the Zoning Administrator is in error. Attach a separate sheet if necessary. _____

11. **Projected construction or start-up date, if a variance/appeal is granted:**

12. If this application seeks a variance (but not if it is an appeal of a determination of the Zoning Administrator), state the facts that the Applicant claims satisfy Section 308(A)(1) of the Zoning Ordinance. Attach additional sheets as necessary. _____

13. If this application seeks a variance (but not if it is an appeal of a determination of the Zoning Administrator), state the facts that the Applicant claims satisfy Section 308(A)(2) of the Zoning Ordinance. Attach additional sheets as necessary. _____

14. If this application seeks a variance (but not if it is an appeal of a determination of the Zoning Administrator), state the facts that the Applicant claims satisfy Section 308(A)(3) of the Zoning Ordinance. Attach additional sheets as necessary. _____

15. If this application seeks a variance (but not if it is an appeal of a determination of the Zoning Administrator), state the facts that the Applicant claims satisfy Section 308(A)(4) of the Zoning Ordinance. Attach additional sheets as necessary. _____

16. If this application seeks a variance (but not if it is an appeal of a determination of the Zoning Administrator), state the facts that the Applicant claims satisfy Section 308(A)(5) of the Zoning Ordinance. Attach additional sheets as necessary. _____

17. If this application seeks a variance (but not if it is an appeal of a determination of the Zoning Administrator), state the facts that the Applicant claims satisfy Section 308(A)(6) of the Zoning Ordinance. Attach additional sheets as necessary. _____

18. **Checklist:** Has the Applicant submitted with this application the following:

a. Payment of the fee for a variance request or appeal (checks made payable to Whitehall Township)? ___ Yes ___ No

b. Variance request: A site plan signed and dated by the applicant, consistent with the Township Zoning Ordinance (showing the location of abutting streets, the location of all existing and proposed structures, and the setbacks of the proposed buildings or structures) and the \$_____ site plan fee? ___ Yes ___ No

c. A legal description of the parcel (see #6 above)? Yes _____ No _____

18. **Additional Statements.** If there is any additional information that the applicant believes is important, set forth the information on an additional sheet and attach it to this application.

Signature of at least one owner:

Date: _____
_____ Applicant*

Date: _____
_____ Owner*

* If Applicant is not the property owner, the property owner must also sign this application.

DECISION OF ZONING BOARD OF APPEALS

Date of Hearing: _____

Decision: _____

Reasons: _____

Motion: _____ Second: _____

Roll Call: _____

Signed: _____
Zoning Board of Appeals Chairperson

Signed: _____
Zoning Board of Appeals Secretary