

ZONING BOARD OF APPEALS APPLICATION

Please Review Instruction Page Before Completing

FEE: \$300.00 DATE PAID: _____

1. Applicant

Date: _____ Name: _____
Address: _____ City & Zip _____
Phone: (Home) _____ (Business) _____
E-mail _____
Sidwell # **07**- _____ Parcel Address _____

2. Other Parties of Interest (Title Holder, Contract Purchaser, Partners)

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
E-mail: _____	E-mail: _____
Interest: _____	Interest: _____

3. Variance Request: The applicant requests a variance from the following Township Ordinance provisions:

(a) **Zoning Ordinance Article:** _____ **Section:** _____

Describe variance(s) requested:

(b) **What special conditions and circumstances exist which are peculiar to the land, structure(s) or building(s) involved, and which are not applicable to other lands, structures or buildings in the same Zoning District?**

(c) How would literal interpretation of the provisions of this ordinance deprive you of rights commonly enjoyed by other properties in the same Zoning District under the terms of this ordinance?

(d) Did the special conditions and circumstances referenced in (b) above result from the applicant? YES___ NO___

(e) Demonstrate that the variance is the minimum variance that will make possible the reasonable use of the land, building(s) or structure(s). (This can be done through both test and drawing.)

Have alternative been explored? YES___ NO___ (Specify):

(f) Demonstrate that the granting of the variance is in harmony with the Master Plan and Zoning Ordinance and will not be injurious to the neighborhood, or otherwise detrimental to the public welfare:

X _____ X _____
Signature of Petitioner Signature of Owner-Deed Holder

CERTIFICATION: I hereby certify that I have read and understand the application instructions and reviewed the Springfield Township Zoning Ordinance #26 and Article XIX regarding the powers, duties and limitations of the Springfield Township Zoning Board of Appeals. I also hereby grant permission to any Township Official, consultant or employee to access the property in order to review the proposal submitted.

Signature of Petitioner: _____ Date: _____

Signature of Owner: _____ Date: _____

TOWNSHIP USE ONLY

APPROVED / DENIED By Board of Appeals on _____