

**North Middleton Township
Cumberland County, Pennsylvania**

Zoning Hearing Application

- 1. I hereby apply for: (identify request and complete Ordinance Section)
 - A. Variance _____ Ordinance Section _____
 - B. Special Exception _____ Ordinance Section _____
 - C. Appeal from Zoning Officer, other Municipal body or
Official _____ Ordinance Section _____
 - D. Substantive Challenge: Validity of Map / Zoning Ordinance _____
Ordinance Section _____

2. Applicant's Name _____
Address _____
Phone No. _____

APPLICANT MUST BE PRESENT AT TIME OF HEARING

3. Owner's Name _____
Address _____
Phone No. _____

4. Applicant's Attorney _____
Address _____

5. Location of Property Affected _____

6. Detailed Description of Use of Land:
- A. Zoning District _____
 - B. Present Use _____

 - C. Proposed Use _____
 - D. Expected Period of Time of Use _____

7. Reason for Request: (Insert Attachment if Necessary)

8. All required additional information and exhibits in compliance with Section 204-64 Zoning Hearing Board's Functions of the North Middleton Township Zoning Ordinance.

9. Fees: A. Special Use or Variance Request in;
1. Agriculture
 2. Rural Resource
 3. Low to Medium Density Residential
 4. Medium to High Density Residential
 5. Village / Mixed Use
 6. Neighborhood Commercial
 7. Commercial / Light Industrial
 8. Industrial

Amount Due: \$500.00

- Fees: B. Appeals and ordinance validity challenges in;
1. Agriculture
 2. Rural Resource
 3. Low to Medium Density Residential
 4. Medium to High Density Residential
 5. Village / Mixed Use
 6. Neighborhood Commercial
 7. Commercial / Light Industrial
 8. Industrial

Amount Due: \$750.00

Fee of \$ _____ Received

I certify the above information and submitted exhibits to be true, correct and complete. Any information I have failed to supply may be grounds for the Zoning Hearing Board to dismiss the application.

I or We agree the hearing by the Board on this application may be taped recorded rather than stenographically recorded. (Strike out if not agreed.)

APPLICANT MUST BE PRESENT AT TIME OF HEARING

Township Official

Applicant - Owner - Agent

Date

Date