

Zoning Hearing Board of Richland Township

1328 California Road, Suite A

Quakertown, PA 18951

215-536-4066 phone

215-538-3020 fax

www.richlandtownship.org

Eight (8) copies of this application, including all plans and drawings, must be submitted to the Zoning Officer together with the application fee. No application will be accepted without an adequate plan of the subject premises.

CALENDAR NUMBER _____

1. The undersigned applicant hereby: (check appropriate letters)

- a. ____ Appeals from a determination of the Zoning Officer.
- b. ____ Requests a special exception.
- c. ____ Requests a variance.
- d. ____ Challenges the validity of a zoning ordinance or map.
- e. ____ Requests other relief within the jurisdiction of the Zoning Hearing Board as established in § 909.1(a) of the Pennsylvania Municipalities Planning Code.

2. Name and address of owner of property: _____

Telephone number _____

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. Attach plot plan of property drawn to scale indicating location and size of improvements both proposed and presently existing and indicating a compass reference.

7. Tax parcel number of property: _____

8. Present zoning classification of property: _____

9. Present use of property: _____

10. Describe the buildings and other improvements located on the property:

11. State the size of the property: _____

IF YOU ARE APPEALING FROM A DETERMINATION OF THE ZONING OFFICER, COMPLETE THE FOLLOWING:

a. The action taken was: _____

b. The date action was taken: _____

c. Attach a copy of any written order issued by the 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:

IF YOU ARE CHALLENGING THE VALIDITY OF A ZONING ORDINANCE OR MAP, COMPLETE THE FOLLOWING:

a. Identify the provision of the ordinance or map which you believe to be invalid:

b. The challenge is ripe for decision because: _____

c. The provision challenged is invalid because: _____

IF YOU ARE REQUESTING A SPECIAL EXCEPTION COMPLETE THE FOLLOWING:

a. Nature of special exception sought is: _____

b. The special exception is allowed under Chapter 27 Section_____ Subsection_____ of the Richland Township Zoning Ordinance. (If more than one exception is requested, list ordinance references on separate page)

c. The reason for the request is: _____

IF YOU ARE REQUESTING A VARIANCE COMPLETE THE FOLLOWING:

a. Nature of variance sought is: _____

b. The variance is from Chapter 27 Section_____ Subsection_____ of the Richland Township Zoning Ordinance. (If more than one variance is requested, list ordinance references on a separate page)

c. The nature of the unique circumstances and the unnecessary hardship justifying this request for a variance is:

IF YOU ARE REQUESTING OTHER RELIEF WITHIN THE JURISDICTION OF THE ZONING HEARING BOARD, COMPLETE THE FOLLOWING:

a. The nature of the relief sought: _____

b. If you are requesting relief from a determination of a Township official, attach a written copy of a determination and state the reason the determination was in error, including reference to applicable status or ordinances:

BY FILING THIS APPLICATION, APPLICANT AGREES TO REIMBURSE RICHLAND TOWNSHIP FOR ALL COSTS INCURRED BY THE PROCESSING OF THIS APPLICATION TO THE EXTENT THAT THOSE COSTS EXCEED THE FILING FEE.

_____ I am not represented by an attorney in connection with this application.

_____ I am represented by an attorney in connection with this application.

Attorney _____

Address _____

Phone _____

The following is a list of names and addresses of all persons owning property which is located within 500 feet of the perimeter of the property which is the subject of this application, identified by tax parcel number together with the name and address of the present owner of the said parcel as contained in the records of Richland Township or Bucks County Tax Mapping located on the third floor of the Bucks County Courthouse:

Tax Map Number of Property	Name and Address of owners of property
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____

- 19. _____
- 20. _____
- 21. _____
- 22. _____
- 23. _____
- 24. _____
- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____
- 31. _____
- 32. _____
- 33. _____

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF

The undersigned, being duly sworn according to law, deposes and says that he/she is the above-named applicant, that he/she is authorized to and does take this affidavit on behalf of the owner, and that the foregoing facts are true and correct.

Applicant

Sworn and subscribed before
me on this _____ day of
_____ 20____

Notary Public

IV. APPLICATION FOR HEARINGS TO EITHER THE ZONING HEARING BOARD OR BOARD OF SUPERVISORS			
A.	Residential	\$500	Escrow
B.	Residential Subdivision (3 or more lots)	\$1,000+\$10 per unit	
C.	Institutional/Recreational	\$1,500	
D.	Commercial/Industrial	\$1,500	
E.	Challenge to Validity of Zoning Ordinance	\$10,000	\$3,000
H.	Conditional Use		
	Residential/Agricultural	\$750	\$3,000
	Commercial/Industrial/Institutional/Recreational	\$1,250	\$3,000
I.	Curative Amendment	\$10,000	\$3,000
J.	Petition for Rezoning	\$2,000	\$3,000
K.	Appeal of Zoning Violation	\$800	