

DATE OF HEARING \_\_\_\_\_

HEARING NO. \_\_\_\_\_

# SANDY TOWNSHIP CLEARFIELD COUNTY ZONING HEARING BOARD APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ APPLICATION IS MADE THIS: \_\_\_\_\_ DAY OF \_\_\_\_\_

YEAR \_\_\_\_\_

NAME OF LANDOWNER: \_\_\_\_\_

(If landowner is not applicant, authorization to act on landowner's behalf must be presented with the application.)

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

TYPE OF APPLICATION: (Check one)

USE BY SPECIAL EXCEPTION

ZONING VARIANCE

ZONING APPEAL

VALIDITY CHALLENGE

APPEAL FROM MUNICIPAL ACTION

SIGN VARIANCE

SIGN APPEAL

CITE ALL APPLICABLE SECTIONS OF ZONING / SIGN ORDINANCE: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE PROPERTY FOR WHICH APPLICATION IS BEING FILED:

LOCATION: \_\_\_\_\_

ZONING CLASSIFICATION: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

PRESENT USE: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

EXISTING AND PURPOSED IMPROVEMENTS ON THE PROPERTY: \_\_\_\_\_

\_\_\_\_\_

JUSTIFICATION FOR REQUEST: (Please include grounds for appeal, and if physical hardship is claimed as basis for variance, state specific hardship.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS A PREVIOUS APPLICATION BEEN FILED WITH THE BOARD FOR THE PROPERTY? \_\_\_\_\_

PLEASE PROVIDE THE CURRENT NAMES AND ADDRESSES OF OWNERS OF PROPERTY WITHIN 200 FEET FROM THE EXTERIOR LIMITS OF THE PROPERTY FOR WHICH THIS APPLICATION IS FILED AS SHOWN ON THE LATEST ASSESSMENT ROLLS OF CLEARFIELD COUNTY:

NAME

ADDRESS

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(Attach a separate sheet if additional space is needed)

**THIS APPLICATION MUST BE ACCOMPANIED BY THE REQUIRED FEE AND THREE (3) COPIES OF A PLOT PLAN FOR THE PROPERTY AND ANY DESIGN DRAWINGS. THE APPLICATION MUST BE SIGNED AND NOTARIZED.**

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Commonwealth of Pennsylvania

County of \_\_\_\_\_

I, \_\_\_\_\_, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public