



# Washington Township, Dauphin County

185 Manors Road, Elizabethville, PA 17023

Phone: 717-362-3191 Fax: 717-362-4110

Email: washingtontownship@wtp.org

## Application for a Hearing Before the Zoning Hearing Board

Date Applied For: \_\_\_\_\_

Name of Applicant	Street Address	City	State	Zip
-------------------	----------------	------	-------	-----

Name of Landowner	Street Address	City	State	Zip
-------------------	----------------	------	-------	-----

Applicant Phone Number: \_\_\_\_\_

Land Owner's Phone Number: \_\_\_\_\_

**Type of Request:**

Special Exception  
Variance

Appeal from Action of Zoning Officer  
Other - Explain

**Brief Description of Request:**

**Property Information** (property corners must be marked with flags):

Present Zoning District: \_\_\_\_\_ Tax Map & Parcel Number: \_\_\_\_\_

Property Location: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Lot Area:(sq ft) \_\_\_\_\_ Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_

Describe Present Use:

Attach a site or plot plan (must show the exact size and location of the proposed construction, as well as any existing buildings or structures)

**Request for a Variance:**

List the Zoning Articles that you are Requesting a Variance for?:

**Request for a Variance (continued):**

The Applicant believes that the variance should be granted because:

1. He is unable to make reasonable use of his property for the following reason(s):
  
  
  
  
  
  
  
  
  
  
2. The proposed variance will not alter the essential character of the neighborhood for the following reason(s):
  
  
  
  
  
  
  
  
  
  
3. The proposed variance is in accord with the purposes and intent of the Zoning Ordinance for the following reason(s):

**Request for Special Exception:**

The proposed use is claimed by the applicant:

1. To be in harmony with the various elements and objectives of the Zoning Ordinance:
  
  
  
  
  
  
  
  
  
  
2. Not to be detrimental to the character of the neighborhood for the following reasons:
  
  
  
  
  
  
  
  
  
  
3. To be consistent with such other standards as required by this Zoning Ordinance in Section \_\_\_\_\_:  
(Attach additional sheet if necessary)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent. I hereby certify that all of the statements on this application, and the statements contained in any papers submitted herewith are true and to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Application Fee Paid: \_\_\_\_\_