ZONING APPLICATION
FOR VARIANCE OR SPECIAL EXCEPTION
SADSBURY TOWNSHIP
CHESTER COUNTY, PA

NAME OF APPLICANT(S): _____

ADDRESS: _____

TELEPHONE #: _____

TAX PARCEL #: _____

SIZE OF ENTIRE TRACT: _____

LOCATION OF PARCEL: _____

ZONING DISTRICT: _____

LEGAL OWNER OF PARCEL: _____

PRESENT IMPROVEMENTS: _____
_____
_____

NAME AND ADDRESS OF ALL PROPERTY OWNERS ADJACENT TO THE PARCEL:
_____
_____
_____
_____
_____
(CONTINUE ON ADDITONAL SHEETS IF NECESSARY)

PROPOSED USE OF PARCEL: _____
_____
_____

REASON FOR SPECIAL EXCEPTION OR VARIANCE: _____
_____
_____
_____
_____

ZONING APPLICATION
FOR VARIANCE OR SPECIAL EXCEPTION
SADSBURY TOWNSHIP
CHESTER COUNTY, PA.

I (WE), the undersigned, do hereby submit this application for Special Exception or Variance affecting property under my (our) ownership or the ownership of my (our) assigns or predecessors, in Sadsbury Township.

_____ _____
SIGNATURE DATE

_____
PRINTED NAME

_____ _____
SIGNATURE DATE

_____
PRINTED NAME

_____
NOTARY (Signature and Seal)

THIS APPLICATION MUST BE ACCOMPANIED WITH A PLOT PLAN OF THE PROPERTY AND A NARRATIVE INDICATING COMPLIANCE WITH SECTION 1707 AND/OR SECTION 1708. PLEASE SUBMIT TEN (10) SETS OF ALL PERTINENT DOCUMENTATION. A CHECK IN THE AMOUNT OF $1,500.00 FOR RESIDENTIAL OR $2,000 FOR COMMERCIAL INDUSTRIAL MUST BE SUBMITTED WITH THIS APPLICATION. CHECKS SHOULD BE MADE PAYABLE TO SADSBURY TOWNSHIP. ANY CONTINUED HEARING REQUIRES ADDITIONAL FEES PER HEARING. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

_____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____

PAYMENT RECEIVED: _____

CHECK #: _____

TIME CLOCK: _____

DATE GRANTED: _____

DATE DENIED: _____

REASON FOR DENIAL: _____