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

NAME OF APPLICANT(S):
ADDRESS:
TELEPHONE #:
EMAIL ADDRESS:
TAX PARCEL #:
SIZE OF ENTIRE TRACT:
LOCATION OF PARCEL:
ZONING DISTRICT:
LEGAL OWNER OF PARCEL:
PRESENT IMPROVEMENTS:
PROPOSED USE/IMPROVEMENTS:
SPECIFIC SECTIONS OF THE ZONING ORDINANCE FROM WHICH VARIANCE
RELIEF OR SPECIAL EXCEPTION RELIEF IS SOUGHT:

REASON FOR SPECIAL EXCEPTION OR VARIANCE:
NAME AND ADDRESS OF ALL PROPERTY OWNERS ADJACENT TO THE PARCEL:
(PLEASE PROVIDE SUPPLEMENTAL INFORMATION ON ADDITIONAL SHEETS AND ATTACH TO APPLICATION AS NECESSARY)
I, the undersigned, do hereby submit this application for Special Exception or Variance affecting property under my ownership or the ownership of my assigns or predecessors in Sadsbury Township.
SIGNATURE DATE
DDINTED NAME

IF YOU ARE NOT THE LEGAL OWNER OF THE SUBJECT PROPERTY, YOU MUST SUBMIT DOCUMENTATION THAT THE LEGAL OWNER IS AWARE OF, AND HAS NO OBJECTION TO, YOUR APPLICATION.

THIS APPLICATION MUST BE ACCOMPANIED WITH A PLOT PLAN OF THE PROPERTY SHOWING THE PROPOSED IMPROVEMENTS WITH ENGINEERING DETAILS, AND SPECIFICALLY CITE THE SECTIONS OF THE ZONING ORDINANCE FROM WHICH RELIEF IS SOUGHT. A NARRATIVE MAY ALSO BE INCLUDED DESCRIBING COMPLIANCE WITH SECTION 1707 AND/OR SECTION 1708.

PLEASE SUBMIT SEVEN (7) 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 DATE:	
RECEIVED BY:	
PAYMENT RECEIVED:	
CHECK #:	
TIME CLOCK:	
DATE GRANTED:	
DATE DENIED:	
REASON FOR DENIAL:	