LOWER ALLEN TOWNSHIP ZONING HEARING BOARD
APPLICATION INSTRUCTIONS

1. An applicant for a variance or special exception must be the property owner of record, or an agent or equitable owner who is authorized by the owner of record. An applicant for all types of appeals authorized by the PA Municipalities Planning Code and the Code of Lower Allen Township (LAT Code) must meet the eligibility requirements contained therein.

2. Applicants must complete all sections of this form that are relevant to the request. Multiple categories of requests, and multiple requests within a category, may be filed using one application form. Attach a continuation sheet if necessary.

3. The applicant is asked to provide as much information as possible (plot plans, diagrams, photographs, etc.) in order to help the Zoning Hearing Board understand the request. Submit seven (7) copies of all exhibits.

4. The applicant must appear at a public hearing during a Zoning Hearing Board meeting in order to present the request, and to answer any questions resulting from testimony.

5. Applicants should familiarize themselves with LAT Code § 220-269, particularly the items the Zoning Hearing Board must consider in reaching its decision. Applicants should also be familiar with any specific sections of the Zoning Ordinance pertaining to the request.

6. It is strongly recommended that applicants schedule an appointment with the Zoning Officer prior to submitting an application to assure that all necessary information is provided with the application.

7. Submit application, including attachments and exhibits, to the attention of the Zoning Officer at the Community Development Department, Lower Allen Township Municipal Services Center, 2233 Gettysburg Road, Camp Hill, PA 17011. All applications must be accompanied by the appropriate fee (see fee schedule published at www.latwp.org).
LOWER ALLEN TOWNSHIP ZONING HEARING BOARD APPLICATION

Property Address____________________________________________________________________

Applicant Name ___________________________________Phone # __________________________
Applicant Address ___________________________________________________________________

Property Owner ________________________________ Phone # __________________
Owner’s Address ___________________________________________________________________

Zoning District: ____________________ Present Use: _____________________________________

Relief Sought:   (     ) Special Exception   (       ) Variance   (      ) Appeal from decision
                  (Complete Sec. 1)       (Complete Sec. 2)       (Complete Sec. 3)

1. Special Exception

A. Section of Lower Allen Township Code, Chapter 220, Zoning, authorizing this request:
___________________________________________________________________________

B. Describe proposed use or situation for which a special exception is requested:
___________________________________________________________________________
___________________________________________________________________________

C. Provide an attachment that describes how the applicant will meet all specific criteria contained in the code section identified above in 1.A., and the fourteen (14) general criteria contained in LAT Code §220-269.D. for Special Exceptions.

2. Variance

A. Section(s) of LAT Code, Chapter 220, Zoning, from which a variance is requested:
___________________________________________________________________________

B. This request for a variance relates to:
Area: _______ Use:_______ Setback:________ Height:_______ Other: ______

C. Describe situation for which a variance is requested:
___________________________________________________________________________
___________________________________________________________________________

D. Provide an attachment that describes how the applicant will meet the five (5) criteria contained in LAT Code §220-269.C.

3. Appeal from decision of Zoning Officer/Other

A. Section of LAT Code § 220-269.B. applicable to this appeal: _______________________

B. Applicant is [ ] Affected landowner [ ] Aggrieved person/party

C. Describe request and attach dated copy of determination, opinion, permit, or ordinance that is the subject of this appeal:
___________________________________________________________________________
___________________________________________________________________________
List of attachments:


Certification by Applicant

I hereby certify that I am the owner of record or am authorized by the owner of record to submit this application on the owner's behalf, and that the information submitted herewith is true and correct. I understand that false statements are subject to penalties of 18 PA C.S. Section 4904, relating to unsworn falsification to authorities.

__________________________________
Signature of Applicant

____________________
Date

**********************************************************************
**********************************************************************

OFFICE USE ONLY

Application Filed: ______________
Fee Paid: $ ______________
Date of Zoning Hearing Board Meeting: ______________
Notice was advertised on: _______________________
Notice was sent to applicant on: _______________________
Notice was sent to property owners on: _______________________
Property was posted on: _______________________
Transcript was received on: _______________________
Decision was received on: _______________________
Decision was sent to Applicant on: _______________________