

PARADISE TOWNSHIP

ZONING HEARING APPLICATION INSTRUCTIONS

1. The **APPLICATION FORM** must be filled out completely and accurately, with complete answers to every statement and question. The application **MUST** be signed by the actual applicant them self (lessee, owner and/or owners). The application **MAY NOT** be signed by an agent or attorney of the lessee, owner and/or owners.
2. The **FILING FEE** in the amount of **\$1000 for residential or \$2000 for commercial** must be paid at the time of the application submission. The fee partly covers Paradise Township's cost of investigating and processing the application though the application and hearing process.
3. **INFORMATION REQUIRED FOR SPECIAL EXCEPTION OR VARIANCE APPLICATION.**

Each Application for a Special Permit or Variance **MUST** be accompanied by the information below, and must be submitted on 8½" x 11" sheet size (or multiples thereof).

- a. Site Plan: Including; location, and use of open spaces, structures and other improvements and/or features on or of the lot. Scale must be one (1) inch equals twenty (20) feet (1"=20'), for lots less than one-half (1/2) acre, and to a scale of one (1) inch equals forty (40) feet (1"=40'), for lots greater than one-half (1/2) acre.
 - b. Ground floor plans and elevations of proposed structures.
 - c. Names and Addresses of adjoining property owners, and such others as required by the Zoning Officer.
 - d. Additional information as required by the Zoning Ordinances for special uses.
4. **PHOTOGRAPHS REQUIRED FOR SPECIAL PERMIT OR VARIANCE APPLICATION.** Photographs of the property not to exceed 8½" x 11", but of adequate size to illustrate the condition(s) of the property under discussion may be helpful, and may be requested as exhibits with the application.
 5. When all of the above list requirements have been met, submit the Application and the Filing Fee, along with any plans and/or other pertinent exhibits, to the Paradise Township Secretary during regular business hours at the Township Office. *The **APPLICATION FORM** must be filled out completely and accurately, with complete answers to every statement and question in order to be certified for review.

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APPLICATION for HEARING
PARADISE TOWNSHIP, YORK COUNTY, PENNSYLVANIA

APPLICANT

Name:

Address:

Phone:

PROPERTY OWNER (If other than applicant)

Name:

Address:

Phone:

PROPERTY LOCATION

Address:

EXACT LEGAL DESCRIPTION:

Present Zoning District:

*A **PLOT PLAN** of the property drawn to scale **MUST** be attached to the application.
See instructions on cover sheet.

Date Purchased (month/day/year):

Lot Size:

Width:

Depth:

Area:

Sq.Ft.

Date of previous application (if any):

Present Use:

Proposed Use:

THE ABOVE-NAMED APPLICANT REQUESTS A HEARING BEFORE THE ZONING HEARING BOARD, AND A DETERMINATION ON THE FOLLOWING MATTER:

<input type="checkbox"/> INTERPRETATION	<input type="checkbox"/> SPECIAL EXCEPTION	<input type="checkbox"/> VARIANCE
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3 REQUEST for **VARIANCE** of Section: _____ of the Zoning Ordinance under which the Zoning Officer refused to issue a permit on (month/day/year): _____

NATURE OF VARIANCE REQUESTED:

THE APPLICANT BELIEVES THAT THE VARIANCE SHOULD BE GRANTED BECAUSE:

a. They are unable to make reasonable use of the property for the following reason(s):

b. The unnecessary hardship on this property is:

The result of the application of the Zoning Ordinance.

Due to unique physical circumstances of the property in question not shared by other properties in the vicinity.

Not financial in nature.

Not self-created.

c. The proposed variance will not alter the essential character of the neighborhood, nor impair the use of the adjacent property for the following reason(s):

d. The variance requested represents the minimum variance that will afford relief for the following reason(s):

Additional information may be attached

I hereby certify and attest that all of the information and statements contained in this application, and in any papers or plans submitted herewith are true to the best of my knowledge and belief.

Signature of Applicant

Date