

**APPLICATION FOR ZONING HEARING  
East Manchester Township**

*For Township Use Only*  
Zoning Case # \_\_\_\_\_  
Filing Date \_\_\_\_\_  
Fee Paid \_\_\_\_\_

PLEASE PRINT THE FOLLOWING INFORMATION

rev.5/7/07

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

STREET # & NAME

CITY, STATE & ZIP

Telephone #'s \_\_\_\_\_

**If applicant is not the legal or record owner of the property, a notarized written authorization of the owner to sign or proof of equitable ownership, such as a contract for sale or lease, must be attached to this application.**

Property Owner's Name: (if different than applicant)

\_\_\_\_\_

Address: \_\_\_\_\_

STREET # & NAME

CITY, STATE & ZIP

Telephone #'s \_\_\_\_\_

Address of property: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Date purchased: \_\_\_\_\_

Total square feet of property \_\_\_\_\_ Square feet of property effected by application \_\_\_\_\_

Total % of coverage allowed per district \_\_\_\_\_ Proposed coverage (if any) \_\_\_\_\_

Any right-of-ways or easements \_\_\_\_\_ If yes, describe \_\_\_\_\_

Setbacks as required by zoning district: front \_\_\_\_\_ rear \_\_\_\_\_ sides \_\_\_\_\_

Is property served by Public sewer?: yes \_\_\_ no \_\_\_ Public water?: yes \_\_\_ no \_\_\_

Sq ft of dwelling or accessory building \_\_\_\_\_ Effected square feet of such building \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Dates of any previous applications: \_\_\_\_\_

Consultant's Name: (if different than applicant)

\_\_\_\_\_

Address: \_\_\_\_\_

STREET # & NAME

CITY, STATE & ZIP

Telephone #'s \_\_\_\_\_

The above-named applicant requests a hearing before the Zoning Hearing Board and a determination on the following matter:

*(circle applicable request)*

Special Exception

Variance

Appeal

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date