



► FRANKLIN TOWNSHIP ◀

Office: 55 Scott School Road, Orrtanna, PA 17353

Mail: P. O. Box 309, Cashtown, PA 17310

Phone: 717-528-4012 Email: info@franklintwp.us

Date Received: _____

Permit No.: _____

ZONING HEARING APPLICATION

Complete all questions that apply legibly and in ink (type or print)

1. CONTACT INFORMATION:

• Applicants Name(s) _____ Phone: _____

Address: _____

• Property Owner(s) _____ Phone: _____

Address: _____

• Applicant's Agent or Representative if any: _____ Phone: _____

Address: _____

• Applicant's Legal Counsel if any: _____ Phone: _____

Address: _____

2. The subject property is located as follows: _____

_____ Parcel #: _____

3. Zoning District of the subject property: _____

4. Clearly describe the existing use of land and/or building: _____

5. Clearly describe the proposed use of the subject property: _____

6. Grounds for Application (Please check all boxes that apply. Check for Fees as required by the Municipality.)

- ☐ A. Variance
- ☐ B. Special Exception
- ☐ C. Conditional Use
- ☐ D. Non-Conforming Use Change
- ☐ E. Appeal from decision of Zoning Officer
- ☐ F. Challenge to validity of Zoning Ordinance

a. If box "A" "B" "C" or "D" above is checked, please cite the section(s) of the Municipal Zoning Ordinance upon which the application is based and briefly state the relief sought and state facts or reasons in support of the grant of the application:

b. If box "E" above is checked, please explain the action of the Zoning Officer which is being appealed, the justification and/or grounds for appeal, and the section of the Zoning Ordinance which was allegedly violated:

c. If box "F" above is checked, please list matters which are at issue and the grounds for the challenge. In addition, please attach the plans or other materials describing the use or development permitted by the challenged ordinance or map and attach the proper certification as required by Section 1004 of the "The Pennsylvania Municipalities Planning Code."

Please submit the following documents (*check below the documents contained in this application*):

- ☐ a. A Certificate of Ownership
- ☐ b. A Narrative giving a detailed explanation
- ☐ c. A completed Zoning/ and Use Permit Application
- ☐ d. A completed Preliminary Subdivision Plat Application
- ☐ e. A proposed Site Development Plan
- ☐ f. A Vicinity Map and Plot Plan
- ☐ g. Subdivision Water and Sewage Report
- ☐ i. Other (specify) _____

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project. I further certify that the foregoing information is true and correct to the best of my knowledge and belief. Ref. 18 Pa. Cons. Stat. § 4903 relating to unsworn falsifications to authorities.

Applicant Signature: _____ Date: ____/____/____

Print Name (*legibly*): _____ Email: _____

Address: _____ Phone No.: _____
street / city / zip

For official use only

Date Received in Office: _____ Fee Received: \$ _____ Received By: _____

Date(s) of Publication: _____ What Publication: _____

Hired Stenographer: _____ Date of Hearing: _____

Sent Notices: _____ Date of Action: _____

Date Property is Posted: _____ by: _____ Action: _____

FEES: IN ACCORDANCE WITH THE MUNICIPAL FEE SCHEDULE

	Variance	Conditional Use
RESIDENTIAL:	\$750	\$750
COMMERCIAL/INDUSTRIAL:	\$750	\$750

These Fees are not reimbursable and if chargeable cost exceeds these fees, those costs will be billed to the applicant and are payable within 30 days

