

APPLICATION FOR GREENE TOWNSHIP ZONING HEARING BOARD

Fee Received: _____ Date Application Received: _____

APPEAL: _____ INTERPRETATION: _____ APPLICATION: _____
VARIANCE: _____ OTHER: _____

WHEREBY THE _____ does _____ GRANT _____ DENY

Applicant's Name: _____

Land Use Permit: _____ Certificate of Occupancy: _____

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To be completed by applicant

INSTRUCTIONS: Please complete all portions of this application that apply and attach any additional data necessary to explain the request. Please return the application along with the required fee in person or by mail to: Greene Township Board of Supervisors, 1145 Garver Lane, P.O. Box 215, Scotland, PA 17254. Any questions should be directed to the Township Zoning Office at (717) 263-4990.

1. Name and address of the (Applicant) & (Landowner): _____

Telephone: _____

2. Name and address of Applicant's Attorney (if applicable): _____

3. Interest of (Landowner) and (Applicant): _____

4. If Applicant is other than Landowner, please give name and address of Landowner (NOTE: LANDOWNER MUST ALSO SIGN THIS APPLICATION FORM AT SPACE PROVIDED ON THE SECOND SHEET): _____

5. Subject property is described, located and used as follows: (If necessary, attach map or sketch) _____

6. The relief through variance sought by (Landowner) and (Applicant) citing present zoning classification of property and the chapter, article, section, and paragraph numbers of the Greene Township Code or amendment under which this variance is requested: _____

7. Previous notice has not been made with respect to this decision of the Zoning Officer or with respect to this property. Notice is in the form of: _____

8. Date of Notice: _____

9. Grounds for appeal for interpretation or reasons for variance or other requests are:

SIGNED:

LANDOWNER _____

APPLICANT _____

DATE _____

PLEASE LIST NAMES & ADDRESSES OF ALL ADJACENT PROPERTY OWNERS - NOTE: If additional space is needed, please use additional sheets or make other attachments as necessary.

