Upper Salford Township

1441 Salford Station Road
Harleysville, PA 19438
(610)287-6160 • FAX (610)287-9435

APPLICATION

UPPER SALFORD ZONING HEARING BOARD

Date of Application: _____

1 Name of Applicant: _____
Property Address: _____
Mailing Address: _____
Email Address: _____
Telephone Number: _____

2 Property Owner: (if other than Applicant) _____
_____
Mailing Address: _____
_____

3 Exact Property Location: _____
_____
_____

4 Date Property was Purchased: _____
Lot Size: Width _____ Depth _____
Area _____ ___ sq. ft.
Present Zoning Classification ___ _____
Date of Previous Application, if any _____

5 Present Use: _____

6 Proposed Use: _____

The above-named Applicant requests a hearing before the Zoning Hearing Board and a determination on the following matter(s):

☐ Interpretation (Complete Section 1)

☐ Special Exception (Complete Section 2)

☐ Variance (Complete Section 3)

Section 1 - Request for Interpretation

Request is made for interpretation of Section(s) _____ of the Zoning Ordinance. Please state in detail the interpretation requested: _____

_____

_____

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Section 2 - Request for Special Exception:

As required by the Zoning Ordinance in Section(s) _____.

The proposed use at the proposed location is claimed by the Applicant

(a) to be desirable to the public convenience and welfare for the following reason(s): _____

_____

_____

(b) not to be detrimental to the character of the neighborhood for the following reason(s): _____

_____

_____

(c) to be consistent with such other standards as required by the Zoning Ordinance in Section(s) _____

Standard	Provisions for Compliance

Section 3 - Request for Variance

Request is made for Variance of Section(s) _____ of the Zoning Ordinance.

a. Nature of Variance Requested: _____

b. The Applicant believes the variance should be granted because:

c. The proposed variance will not alter the essential character of the neighborhood nor impair the use of adjacent property for the following reasons: _____

d. The variance requested represents the minimum variance that will afford relief for the following reasons: _____

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1. Attach plot plan, if applicable.

2. Attach copy of Deed to property in question, if applicable.

3. Attach Zoning Hearing Board Application Fee of $850.00 . **If there is a need for more than one hearing, the applicant is responsible for an additional $250.00, plus reimbursement to the township for each additional advertisement and use of a court stenographer.**

4 As per Section 2408.H. of the Upper Salford Township Zoning Ordinance, notice of your application shall be given by the Township by conspicuously posting a printed notice of the application on the affect tract(s) of land at least seven (7) days prior to review by the Zoning Hearing Board. **The Sign MUST remain on the property throughout the duration of the consideration and review of the subject application.**

I hereby certify that all of the above statements and the statements contained in any paper or papers submitted herewith are true and correct to the best of my knowledge, information and belief.

Date: _____ _____
Applicant

_____
Applicant

Received by Township Secretary *Date: _____

***Note: Receipt by Twp Sec does not deem completion or approval of application.** By: _____

Received by Zoning Hearing Board Solicitor - Date: _____