

WATTS TOWNSHIP

112 NOTCH ROAD
DUNCANNON
PENNSYLVANIA 17020
PHONE (717) 834-4009
WWW.WATTSTOWNSHIP.ORG

APPLICATION FOR APPEAL TO THE ZONING HEARING BOARD

1. APPEAL IS MADE THIS _____ DAY OF _____, 20____, BY THE UNDERSIGNED FROM A DECISION OF THE ZONING OFFICER DATED _____, 20____. APPELLANT HEREWITH APPLIES FOR RELIEF FROM THE FOLLOWING SECTIONS OF THE WATTS TOWNSHIP ZONING ORDINANCE:

- A SPECIAL EXCEPTION § _____
A VARIANCE § _____
AN INTERPRETATION § _____

IF APPEAL DOES NOT CONCERN AN APPLICATION FOR A VARIANCE, SPECIAL EXCEPTION OR INTERPRETATION, STATE THE NATURE OF THE REQUEST BEING MADE.

2. APPELLANT INFORMATION APPELLANT IS THE [] OWNER [] LEASEE [] EQUITABLE OWNER [] TENANT [] OTHER _____

NAME _____

ADDRESS _____

TELEPHONE # _____ EMAIL _____

([] BUSINESS [] CELL)

LEGAL COUNCIL INFORMATION

NAME _____

ADDRESS _____

TELEPHONE # _____ EMAIL _____

([] BUSINESS [] CELL)

3. PROPERTY INFORMATION

OWNER NAME _____

OWNER ADDRESS _____

TELEPHONE # _____ EMAIL _____

([] HOME [] WORK [] CELL)

PROPERTY ADDRESS _____

PARCEL TAX MAP ID NO. UNIT NO. _____ ZONING DISTRICT _____ TOTAL AREA, SQ.FT. _____

PRESENT USE _____

UTILITIES: [] PUBLIC WATER [] PUBLIC SEWER [] WELL WATER [] SEPTIC SYSTEM

IS ANY PART OF YOUR PROPERTY IN A FLOODPLAIN? [] YES [] NO

APPEAL TO ZONING HEARING BOARD

PROPERTY ADDRESS _____

4. **PROPOSED USE.** WHAT IS THE PROPOSED USE FOR THE PROPERTY? LIST NATURE OF NORMAL BUSINESS OPERATIONS (HOURS OF OPERATION, # OF EMPLOYEES, BUSINESS EQUIPMENT TO BE USED OR STORED ON SITE, EXPLOSIVE/TOXIC MATERIALS, ETC.).

5. **PROPOSED IMPROVEMENTS.** PROVIDE ACCURATE DESCRIPTION OF PROPOSED BUILDING(S), STRUCTURES OR ADDITIONS, PARKING SPACES OR OTHER IMPROVEMENT(S) INTENDED TO BE MADE UNDER THIS APPEAL. IF NO IMPROVEMENTS → N/A

6. **STATE THE REASON(S) WHY THIS APPEAL SHOULD BE ALLOWED**

7. **CERTIFICATION FOR APPELLANT**

I HEREBY CERTIFY THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

I _____ HEREBY STATE THE ABOVE FACTS AND STATEMENTS, INCLUDING ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE, ACCURATE AND COMPLETE. I FURTHER UNDERSTAND THAT ANY FALSIFICATION OF INFORMATION OR AN INCOMPLETE APPLICATION MAY BE CONSIDERED REASON TO REJECT THE APPLICATION AND THAT THE FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF PA CONS. STAT. 4904 RELATING TO UN-SWORN FALSIFICATION TO AUTHORITIES.

DATE _____ SIGNATURE _____ (SEAL)

COMMONWEALTH OF PENNSYLVANIA:
COUNTY OF _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20____.

_____ MY COMMISSION EXPIRES _____
NOTARY PUBLIC

8. **OWNER ACKNOWLEDGEMENT** TO BE SIGNED BY THE OWNER, IF THE OWNER IS NOT THE APPELLANT.

I ACKNOWLEDGE THAT THE APPELLANT HAS MADE APPLICATION FOR APPEAL TO THE ZONING HEARING BOARD.

DATE _____ SIGNATURE _____

TOWNSHIP USE ONLY BELOW THIS LINE

FEE RESIDENTIAL \$700 NON-RESIDENTIAL \$900

RECEIVED BY _____ DATE _____

COPY: ZHB SOLICITOR (ORIGINAL) BOARD OF SUPERVISORS (1) TWP SOLICITOR (2) TWP ENGINEER
ZONING HEARING BOARD (6) TWP ZONING OFFICER (1) FILE (1)