



**Community Development  
Department**

100 Parklane Drive • Eagleville, PA 19403  
Phone: (610) 635-3514 • Fax: (610) 539-6347  
www.lowerprovidence.org

**LOWER PROVIDENCE TOWNSHIP ZONING HEARING BOARD APPEAL  
APPLICATION**

\_\_\_\_\_  
Applicant(s) Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
Email Address

(     ) \_\_\_\_\_  
Phone Number

_____ Appeal Number	
_____ Hearing Dates	
_____ Application Fee	_____ ck#
_____ Date Stamp Received (For Official Use Only)	

The following is a list of questions designed to assist you and the Zoning Hearing Board in the efficient and speedy review of your appeal. Please thoroughly answer all questions, which are applicable to your appeal. If you believe the question does not pertain to your appeal, please indicate on this form by answering "Not Applicable". ***All questions must be answered to consider this appeal form complete.***

A complete site plan, construction documents and a copy of your deed must be attached to this application. Please refer to **Section 2.B. of the Lower Providence Township Zoning Appeal Procedures and Policy for this requirement.** Please return this form to the Zoning Director when you file your application. Please type or print clearly.

**Please complete the following questions:**

**1. What is the applicant's interest in the premises affected? (i.e. property owner, equitable owner, tenant.)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. If applicant is represented by an attorney or counsel please provide their full name, address, phone and fax number.**

---

---

**3. If the property owner is not the applicant, list the full name, address and phone number of the property owner. Also, if the applicant is not the property owner, the applicant must provide a signed and notarized letter from the property owner stating his/her permission to allow the applicant to represent the property owner at the zoning hearing board with this zoning appeal.**

---

---

**4. Please provide the requested information about the property involved in this zoning hearing appeal as described below:**

Location: \_\_\_\_\_  
(Street Address)

Parcel Identification Number: \_\_\_\_\_

Lot Size: \_\_\_\_\_

Present Use: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Date of when Present Use began: \_\_\_\_\_ Date of acquisition of this property by the owner: \_\_\_\_\_

Please list each structure and its use currently located on this property:

---

**5. Is your home or principal structure connected to: (please circle all that apply)**

A. public water    B. public sewer    C. private well    D. private on-lot septic    E. not presently connected

If you are not connected at this time, what type of sewage and water facilities is available to the property?

---

**6. Are there any outstanding state or federal violations cited on this property at the time of this application?** \_\_\_\_\_ If yes, please explain these violations below: \_\_\_\_\_

---

7. Has any previous zoning appeal been filed in connection with this property? \_\_\_\_\_

If yes, \_\_\_\_\_  
(List applicant's name, date & nature of appeal)

8. Type of Appeal Sought:

- ⇒ Variance Appeal \_\_\_\_\_
- ⇒ Special Exception Appeal \_\_\_\_\_
- ⇒ Interpretation of Zoning Ordinance \_\_\_\_\_
- ⇒ Enforcement Notice Appeal \_\_\_\_\_
- ⇒ Other Appeal \_\_\_\_\_ (Describe) \_\_\_\_\_

**You must list all sections of the Lower Providence Township Zoning Ordinance in which you are seeking zoning relief from on the following lines: (Please note that if this section is not complete, the appeal will not be heard)**

---

---

---

---

9. State in narrative form the nature of your appeal including the primary relevant facts intended to be presented to the Zoning Hearing Board. Please include a description of all explosive or toxic materials to be stored on this site. Please reference to your attachment if additional space is needed.

---

---

---

---

10. What is the exact use proposed for the property? List current and proposed hours of operation, number and type of employees, business equipment to be used or stored at the site, nature of normal business operations.(Please reference to your attachment if additional space is needed.)

---

---

---

---

**11. Describe the proposed landscaping for this property for screening, if any. Please indicate the type of landscape buffering proposed, if any.**

---

---

**12. What is the character of the buildings and uses on abutting properties and what is the general character of the surrounding neighborhood? (Please reference to your attachment if additional space is needed.)**

---

---

**13. What will the impact of this use be on existing traffic patterns and volumes for this Zoning Appeal? Also, please specify the amount of parking spaces and unloading areas as specified in the Lower Providence Township Zoning Ordinance.**

---

---

**14. Will the proposed use emit smoke, dust, odor or other air pollutants, noise, vibration, light, electrical disturbances, water pollutants, or chemical pollutants? Such evidence may include the proposed use of proven special structural or technological innovations. Please provide specific and detailed information on all of the aforementioned topics. Please reference to your attachment if additional space is needed.**

---

---

**15. Will the zoning relief requested, if authorized, alter the essential character of the neighborhood or district in which the property is located, or substantially or permanently impair the appropriate use of development of adjacent property, or be detrimental to the public welfare? Please give reasons for your answers to the aforementioned questions by explaining below: (Please reference to your attachment if additional space is needed.)**

---

---

**16. (I) (WE) believe that the Board should approve this request because: (include the grounds for the zoning appeal or reasons both with respect to case law and fact for granting this use requested. Please reference to your attachment if additional space is needed.)**

---

---

**I hereby certify that all of the above statements contained in this zoning appeal application and any papers or plans submitted with this zoning appeal to the Lower Providence Township Zoning Hearing Board herewith are true and correct to the best of my knowledge and belief.**

Date \_\_\_\_\_  
\_\_\_\_\_  
(Print Name of applicant(s))

Date \_\_\_\_\_  
\_\_\_\_\_  
(Signature of applicant(s))

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF MONTGOMERY

As subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

**IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals the day and year aforesaid.**

(SEAL)

---

**NOTARY PUBLIC**