

Date: \_\_\_\_\_  
Application No.: \_\_\_\_\_

# ***TINICUM TOWNSHIP***

## ***ZONING HEARING BOARD APPLICATION***

**\*\*\*\*10 COPIES MUST BE SUBMITTED WITH APPLICATION, COMPLETE WITH ALL INFORMATION AND DETAILS. \*\*\*\***

Applicant: \_\_\_\_\_  
(If more than one applicant, list additional name(s) on the back of this form.)

Address: \_\_\_\_\_

Location of  
Property: \_\_\_\_\_

Deed Book: \_\_\_\_\_ Page No.: \_\_\_\_\_

Owners: \_\_\_\_\_ Address: \_\_\_\_\_

Agent: \_\_\_\_\_ Address: \_\_\_\_\_

State interest of each petitioner in property whether owner or purchaser under agreement of sales, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State present zoning of property: \_\_\_\_\_

\_\_\_\_\_

Application is made for a (variance), (special exception) from the following Township Ordinance and/or section of Ordinance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State facts and/or basis of support of application as to why applicant(s) is/are entitled to such:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: THIS APPLICATION MUST BE SWORN TO. THE AFFIDAVIT LISTED BELOW MUST BE EXECUTED BEFORE A NOTARY PUBLIC.

The undersigned request(s) the Zoning Hearing Board hold a hearing on this Application for Relief and submit(s) the required Application Fee of \$1000.00 for Commercial and for Residence \$750.00.

*\*\*\* If fees should exceed the amount paid there will be additional fees to pay.*

All owners and petitioners to sign

: \_\_\_\_\_  
:  
:  
: \_\_\_\_\_

Telephone No.:

: \_\_\_\_\_

COUNTY OF DELAWARE

: SS

COMMONWEALTH OF PENNSYLVANIA :

The undersigned, being duly sworn according to law, depose and say that they are the Petitioners named in the foregoing application and that the facts set forth in said application are true and correct to the best of his knowledge, information and belief.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed  
before me this      day  
of                      A.D. 20

\_\_\_\_\_  
NOTARY PUBLIC