

6. Location of property and/or structure to which Application relates, including, among other information, the street address, deed reference, and zoning district (if known):

7. Name, Address and Telephone Number of all owners of any interest in the property and/or structure other than persons listed in Question #1 above. (For each person please define their respective interest):

8. Grounds for Application (please check all boxes which apply):

- A. Variance
- B. Special Exception Request
- C. Conditional Use
- D. Appeal from decision of Zoning Officer
- E. Challenge to validity of Zoning Ordinance or Map

a. If box "A" "B" or "C" above is checked, please cite the section of the Cumberland Township Zoning Ordinance upon which the application is based and briefly state the relief sought and state facts or reasons in support of the grant of the application:

b. If box "D" above is checked, please explain the action of the Zoning Officer which is being appealed, the justification and/or grounds for appeal, and the section of the Zoning Ordinance which was allegedly violated:

c. If box "E" above is checked, please list off matters which are at issue and the grounds for the challenge. In addition, please attach the plans or other materials describing the use or development permitted by the challenged ordinance or map and attach the proper certification as required by Section 1004 of the "The Pennsylvania Municipalities Planning Code", as amended.

9. Describe the current use of this subject property:

10. Describe the proposed use of the subject property:

11. If a Unified Appeal is accompanying this Application, briefly describe the subject matter:

I/We, _____, verify that the statements made in the Application are true and correct. I understand that false statements herein are subject to the penalties of 18 PA C.S. Section 4904 relating to un-sworn falsification to authorities. I further understand and acknowledge that the documents referred to in Section VI of the Instruction to the Application are considered additional instructions hereto.

Signature of Applicant

Date

(For official use by the Zoning Officer or Township Secretary)

Date Application received: _____

Is Application accompanied by plot plan or floor plan? _____

Has applicant paid all application fees? _____

Date of Payment: _____

Amount Paid: *\$_____

*Please Note: Cost for a Conditional Use or Zoning Hearing is \$851.00 each. This is a minimum amount; anything over \$851.00 will be billed to the applicant. The cost for a Zoning Map or Text Amendment is \$738.00

Signature of Township Secretary

Date