

Hamiltonban Township

APPLICATION TO APPEAR BEFORE THE ZONING HEARING BOARD

TO BE COMPLETED BY TOWNSHIP

Fee Received: _____ Application No.: _____
By: _____ Date Received: _____
Zoning District: _____ Date Approved: _____

TO BE COMPLETED BY APPLICANT

1. Applicant: _____
Address: _____
Phone: _____
Attorney: _____
Address: _____ Phone: _____
Planning Consultant, Engineer or Surveyor: _____
Address: _____ Phone: _____
Property Owner: _____
Address: _____ Phone: _____

2. I hereby certify that I have been authorized by the Owner of record to make this application as his authorized agent.

Signature of Applicant Date

3. Type of Request (check one)

A. Special Exception C. Appeal
B. Variance D. Other _____

4. Brief Description of Request (include references to Sections of the Zoning Ordinances when applicable):

5. Property Information:

Address: _____

Deed Reference: _____ Zoning: _____

Present Use: _____

Proposed Use: _____

Lot Area: _____ (attach site plan)

6. Certification by Applicant

I hereby certify that all of the above information and the information contained in any attachments to this application is true to the best of my knowledge and belief.

Signature of Applicant Date