

**APPLICATION FOR A  
CONDITIONAL USE/ ZONING HEARING TO  
THE MCSHERRYSTOWN BOROUGH COUNCIL  
OR  
ZONING HEARING BOARD**

**Instructions:**

- I. Complete all the questions in ink and in a legible form (print or type).
- II. Submit the completed application to the Borough of McSherrystown Zoning Officer or Borough Secretary.
- III. All applications *must* be accompanied by a plot plan or floor plan before the application will be accepted.
- IV. All applications *must* be paid in full (\$450 non-refundable) upon filing of the application. If the cost exceed \$450 the applicant will be invoiced for any and all amounts exceeding the initial application fee.
- V. A separate application must be submitted for each property and/or plot plan.
- VI. Please refer to the Pennsylvania Municipalities Planning Code (PA MPC), the Borough of McSherrystown's Code and Zoning Ordinance, prior to submitting any application. The above-mentioned materials will be available for inspection at the Borough of McSherrystown Municipal Building during regularly scheduled business hours. Copies will be provided at cost.

THE DOCUMENTS HEREIN REFERRED TO SHALL GOVERN THIS APPLICATION AND ARE CONSIDERED TO BE ADDITIONAL INSTRUCTIONS HERETO.

*(kindly print legibly)*

1. Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

2. Address of Applicant: \_\_\_\_\_

3. Telephone Number of Applicant: \_\_\_\_\_

4. Please state your interest in the subject property (owner, developer, agent, etc.):  
\_\_\_\_\_

5. Name, address and telephone number of Applicant's attorney (if none please write NONE):  
\_\_\_\_\_  
\_\_\_\_\_

6. Location of property and/or structure to which Application relates, including, among other information, the street address, map and parcel number, 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 perspective interest:

-----	-----
-----	-----
-----	-----
-----	-----
-----	-----

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

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

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

b. If box "C" 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 "D" above is checked, please list all 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 proposed by the landowner in lieu of the use or development permitted by the challenged ordinance or map and attach the property certification as requested by Section 1004 of the "The Pennsylvania Municipalities Planning Code", as amended:

9. Describe the current use of this subject property:

10. Clearly 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 this 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 unsworn falsification to authorities. I further understand and acknowledge that the documents referred to in Section VI of the Instructions to this Application are considered additional instructions hereto.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

---

**THE FOLLOWING IS FOR OFFICIAL USE BY THE ZONING OFFICER OR BOROUGH SECRETARY ONLY:**

Date Application received: \_\_\_\_\_

\_\_\_\_\_ Is Application accompanied by plot plan or floor plan?

\_\_\_\_\_ Has applicant paid all application fees?

Date of Payment: \_\_\_\_\_

Amount: \_\_\_\_\_

**NOTE: if answer to any of the above is "NO", do NOT accept application.**

**PLEASE CHECK TYPE OF HEARING:**

Conditional Use Hearing

Zoning Hearing Board

\_\_\_\_\_  
Signature of Zoning Officer or Borough Secretary

\_\_\_\_\_  
Date