Date _____

Middletown Township Zoning Hearing Board

Application No. _____

APPLICATION TO ZONING HEARING BOARD

Applicant _____ Address _____
(When there are a number of applicants the additional names shall be entered on the back of this application)

Phone: _____Applicants Email Address: _____

Attorney (if any) _____ Address _____

Phone _____ Attorney Email Address: _____

LOCATION OF PROPERTY _____ Zoning District_____

Deed Book _____ Page No. _____

Owners _____ Address _____

Agent _____ Address _____

If the applicant is not the agent or the owner, state his interest: _____

_____

_____

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

_____

_____

_____

_____

_____

State facts and/or basis of support of application _____

_____

_____

_____

_____

_____

_____

_____

Note: This application must be sworn to. The affidavit on the other side must be executed before a Notary Public. Where there are a number of Applicants the additional names shall be entered below.

Applicant _____ Address _____

Applicant _____ Address _____

Applicant _____ Address _____

Applicant _____ Address _____

Applicant _____ Address _____

Applicant _____ Address _____

COMMONWEALTH OF PENNSYLVANIA,
COUNTY OF DELAWARE, } SS.

Before me, the subscriber, a Notary Public for the Commonwealth of Pennsylvania, residing in Delaware County, personally appeared _____ who being duly _____ according to law, doth depose and say: that all the above statements and/or drawings and/or attached plans are true.

_____ and subscribed to before me, this

_____ day of _____

A.D. _____

_____
Notary Public

_____
Applicant Sign Here