



ZONING HEARING BOARD
OF
NORTHAMPTON TOWNSHIP

Instructions for Application to the Zoning Hearing Board

The following documentation is required at the time of submittal:

- Zoning Hearing Board Application (original must be *notarized* if applicant is filing on behalf of property owner)
- Site plan drawn to scale **(an original and 9 copies of the plan)**
- Fee, as follows:

Residential: \$550.00

Commercial and Office:

Under 5,000 square feet - \$1,000.00
5,001 to 10,000 square feet - \$1,500.00
10,001 to 20,000 square feet - \$2,000.00
Over 20,000 square feet - \$2,500.00

Industrial:

Under 5,000 square feet - \$1,000.00
5,001 to 10,000 square feet - \$1,500.00
10,001 to 20,000 square feet - \$2,000.00
Over 20,000 square feet - \$2,500.00

Non-Profit, Educational, Institutional, Religious: \$700.00

PLEASE NOTE:

Property owner is required to attend the hearing. It is also recommended that you contact Mike Solomon, Director of Planning and Zoning, at 215-357-6800, extension 214, to discuss your appeal prior to the hearing date.



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OF
NORTHAMPTON TOWNSHIP

Zoning Hearing Board Application

The original of this Application, including all plans and drawings, must be submitted to the Zoning Officer together with the Application fee.

CASE NUMBER: _____ (to be assigned by Township)

1. Name of Appellant/Applicant: _____

Address of Applicant: _____

Address (**subject of Application**): _____

Phone Number: _____ E-mail: _____

Owner: _____

Address: _____

Attorney: _____

Address: _____

2. The undersigned hereby: (check applicable item or items)

(a) _____ appeals from the action of the Zoning Officer _____

(b) _____ requests a special exception

(c) _____ requests a variance

(d) _____ challenges the validity of a zoning ordinance or map

If applicant is not the owner, state applicant's authority to title interest to bring this application:

(equitable owner, agent, lessee, etc.): _____

3. Description of the premises involved (attach plan of the lot and the improvements both erected and proposed): _____

Tax Map Parcel Number: 31-_____ Date of present deed: _____

Present zoning classification: _____ Lot size: _____

Present use: _____

Proposed use: _____

Nature of improvements existing: _____

4. Use in case of an appeal from the action of the Zoning Officer:

(a) The action taken was: _____

(b) The date the action was taken was: _____

(c) The foregoing action was in error because: _____

5. Use for request for a special exception:

(a) Nature of special exception sought is: _____

(b) The special exception is requested under:

Part _____ Section _____ Subsection _____

of the Northampton Township Zoning Ordinance (if more than one exception is requested, list ordinance references for each exception and state the nature of the exception):

6. Use for request for a variance:

(a) Nature of variance sought is: _____

The variance is from: Part _____ Section _____ Subsection _____

Part _____ Section _____ Subsection _____

Part _____ Section _____ Subsection _____

Part _____ Section _____ Subsection _____

of the Northampton Township Zoning Ordinance (if more than one variance is requested, list ordinance references for each request and state the nature of the variance):

7. Use in case of a challenge to the validity of a zoning ordinance or map:

(a) The ordinance or map challenged is as follows: _____

(b) The challenge is ripe for decision because: _____

(c) The ordinance challenged is invalid because: _____

8. Has there been any previous zoning appeal, variance, or special exception for this property?

Yes _____ No _____

If yes, please indicate the date thereof and nature of relief granted: _____

APPLICANT

OWNER

COMMONWEALTH OF PENNSYLVANIA :

:

COUNTY OF BUCKS :

:

The undersigned, being duly sworn according to law, deposes and says that he is the above-named applicant, that he is authorized to and does take this Affidavit on behalf of the owner, and that the foregoing facts are true and correct to the best of his knowledge.

APPLICANT

Sworn to and Subscribed

before me this _____ day

of _____, 20__

NOTARY PUBLIC

RECEIVED: _____

INITIALS: _____