



# HILLTOWN TOWNSHIP

13 West Creamery Road  
P.O. Box 260  
Hilltown, PA 18927  
(215) 453-6000 Fax (215)453-1024  
www.hilltown.org

## APPEAL TO ZONING HEARING BOARD HILLTOWN TOWNSHIP

### TOWNSHIP USE:

Appeal # \_\_\_\_\_

Date Filed \_\_\_\_\_

Accepted By: \_\_\_\_\_

\*\*\* Please note: It is recommended that all applicants make application for a Subdivision/Land Development and/or apply for a Zoning Permit and receive a review from the Township prior to submitting an application to the Zoning Hearing Board. \*\*\*

**PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION. PLEASE ATTACH ALL REQUESTED DOCUMENTATION. FAILURE TO COMPLETE ALL SECTIONS OR ATTACH ALL REQUESTED DOCUMENTAION MAY RESULT IN A DENIAL OF YOUR APPLICATION. YOUR INTIALS BELOW INDICATE THAT YOU HAVE A COMPLETE UNDERSTANDING OF THE SAME. THE TOWNSHIP WILL NOT ACCEPT APPLICATIONS UNLESS INITIALED BELOW.**

\_\_\_\_\_  
*Initials*

1. Date: \_\_\_\_\_
  
2. Classification of Appeal (Check one or more if applicable):
  - A. Request for Variance (Zoning Ordinance § 160-104.A)
  - B. Request for Special Exception (Zoning Ordinance § 160-104.B)
  - C. Interpretation of Law.
  - D. Appeal from action of the Zoning Officer (attach all related correspondence)
  - E. Other (Please specify)
  
3. Applicant:
  - (a) Name: \_\_\_\_\_
  - (b) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
  - (c) Telephone Number: \_\_\_\_\_
  - (d) E-Mail Address: \_\_\_\_\_
  - (e) State whether owner of legal title, owner of equitable title, or tenant with the permission of legal title:  
\_\_\_\_\_  
\_\_\_\_\_

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4. Applicant's attorney, if any:

(a) Name: \_\_\_\_\_

(b) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

(c) Telephone Number: \_\_\_\_\_

(d) E-Mail Address: \_\_\_\_\_

(e) Fax Number: \_\_\_\_\_

5. Property:

(a) Present Zoning Use Classification: \_\_\_\_\_

(b) Tax Parcel Number: \_\_\_\_\_

(c) Location (with reference to nearby intersections or prominent features):  
\_\_\_\_\_  
\_\_\_\_\_

6. Present Use and Proposed Use (if different):

Present Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

7. State all legal grounds for appeal and cite specific sections of Zoning Ordinance, Subdivision and Land Development Ordinance, or other statutes, ordinances or regulations (add supplemental sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has any previous appeal been filed concerning this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please specify and provide prior appeal number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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9. List names and addresses of all property owners whose properties adjoin or are across public roads from the property in question. (Supplemental sheets of the same size may be attached):

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I (We) hereby certify that the above information is true and correct to the best of my (our) knowledge, information or belief.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_ Name: \_\_\_\_\_

**Notes:**

**(1) Six copies of the application.**

For 2 (A), (B), or (C), **SIX COPIES of plans must be attached to the appeal.** For commercial properties, plan or plans must be prepared by a professional engineer or surveyor. For residential applications, the Board will accept any plans which are complete and accurate, provided that if not prepared by a professional engineer or surveyor, the person who prepared the plan must be prepared to state under oath at the formal hearing that the plan is complete and accurate. The plan or plans must contain all information relevant to the Appeal, including but not limited to the following: the property related to a street, the dimensions and area of the lot, the dimensions and location of existing buildings or improvements, the dimensions and locations of proposed uses, buildings or improvements.

- (2) The required filing fee must accompany this Appeal and is not returnable once the Appeal is accepted. Please contact the Township Office for the present filing fee schedule and the required fee. No application will be accepted without the required fee.

**(3) Submit SIX COPIES of deed with application.**

**(rev. 2011-11-07)**