

CHADDS FORD TOWNSHIP
Delaware County, Pennsylvania

ZONING HEARING BOARD

**Application for Special Exception, Variance,
Interpretation under Zoning Ordinance
or Appeal**

See Checklist on Page 4.

Applicant or Appellant:

Name _____

Firm _____

Address _____

Tel: _____ Fax: _____

email: _____

Property Owner (if different from Applicant):

Name _____

Firm _____

Address _____

Tel: _____ Fax: _____

email: _____

Relationship to Property Owner:

Attorney for Applicant:

Name: _____

Firm: _____

Address _____

Tel: _____ Fax: _____

email: _____

Engineer: (if any)

Firm: _____

Address: _____

Contact: _____

Tel: _____ Fax: _____

Email: _____

PROPERTY:

Exact location of Property: _____

Zoning Classification: _____ Date Acquired: _____

Present Use: _____

Proposed Use: _____

Dimensions of Lot: _____ Square Footage of Lot: _____

Distance to Each Boundary

Before Construction:

North _____ South _____ East _____ West _____

After Construction:

North _____ South _____ East _____ West _____

Distance to Boundaries and Rights of Way

Before Construction:

After Construction

Front Yard: Boundary _____ Right of Way _____

Boundary _____ Right of Way _____

Rear Yard: Boundary _____ Right of Way _____

Boundary _____ Right of Way _____

Side Yards: Boundary _____ Right of Way _____

Boundary _____ Right of Way _____

Dimensions of Proposed Construction (if any):

Height _____ Width _____ Depth _____

Square Feet

First Floor _____ Second Floor _____ Additional _____

Percentage of open area remaining on the lot on completion of construction: _____

Ratio of Lot Coverage to Open Area: Before Construction: _____ After Construction: _____

Type of Construction (if any): _____

Estimated Cost: _____

Contractor (if any):

Firm: _____

Contact: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Architect (if any):

Firm: _____

Contact: _____

Address: _____

Tel: _____ Fax: _____

Email: _____

Adjoining or Abutting Properties and Use:

Name: _____

Name: _____

Address: _____

Address: _____

Use: _____

Use: _____

Name: _____

Name: _____

Address: _____

Address: _____

Use: _____

Use: _____

Name: _____

Name: _____

Address: _____

Address: _____

Use: _____

Use: _____

If additional properties, continue on separate sheet and check here _____

Order or Decision Appealed From _____

Date of Application _____ Date of Order (or Decision) _____

This Proceeding is based on the following Chadds Ford Township Zoning Ordinances:

Section(s) Subsection(s) _____

Interest of Applicant or Appellant in Property: _____

Statement of Relief Sought (Reason for Application or Appeal): _____

Statement of Grounds for Application or Appeal: _____

Statement of Objections to Findings or Conclusions or Order of Decision Appealed from: _____

Check Applicable Averment:

___ **Special Exception:** Applicant or Appellant avers that the Special Exception applied for is in harmony with the general purpose and intent of the Zoning Ordinance of Chadds Ford Township and unless granted, Applicant or Appellant will be deprived of the full lawful use of the herein described property.

___ **Variance:** Applicant or Appellant avers that unless the Variance herein applied for is granted, unnecessary hardship will result to Applicant or Appellant resulting in great loss in preventing the full use or disposal of the herein described property.

___ **Other:** _____

Other Conditions: _____

Additional Comments: _____

APPLICATION CHECKLIST

Please include the following with this application, make checks payable to Chadds Ford Township

___ Applicable Zoning Hearing Board Fee (Fees can be found in the annual Township Fee Resolution).

11 copies of each of the following:

___ Completed Application Form (include 1 original signed and notarized application).

___ Copy of the Deed of the premises described herein.

___ Copy of the legal description of the premises described herein if different from the Deed in any way.

___ Copy of the original Application (if any) made to the Zoning Officer.

___ Copy of the Order or Decision appealed from.

___ A copy of a Site Plan, Plot Plan or Survey depicting the entire property effected by the Application, the existing buildings, improvements and structures located on such property, and any proposed changes or additions to the existing buildings, improvements or structures located on such property and any new buildings, improvements or structures proposed to be constructed or erected on such property. The Site Plan, Plot Plan or Survey must contain accurate distance, area, length, height, width, location, ratio and other applicable and appropriate measurements of the effected property, buildings, improvements and structures as proposed, and depict the relationship of the adjoining or abutting properties.

COMMONWEALTH OF PENNSYLVANIA)

SS:

COUNTY OF _____)

AFFIDAVIT

_____, being duly sworn according to law, deposes and says that he/she is the Applicant or Appellant herein (or that he/she is one of the Applicants or Appellants herein and is authorized to make this Affidavit on behalf of all the Applicants or Appellants herein), (or that he/she is an officer, employee or agent of the Corporate Applicant or Appellant herein and as such officer, employee or agent of such Corporate Applicant or Appellant is authorized to make this Affidavit on its behalf), and that the facts set forth herein are true and correct to the best of his/her knowledge, information and belief.

Applicant or Appellant (SEAL)

Sworn and subscribed before me this _____ day of _____, 20____

Notary Public