

Case No. _____

YORK TOWNSHIP
190 Oak Road
Dallastown, PA 17313-9300
Phone 717-741-3861 Fax 717-741-5009

APPLICATION FOR ZONING VARIANCE

APPLICANT INFORMATION

Name: _____

Address: _____ City/State/Zip _____

Phone: _____ Fax: _____

► *If applicant is not the owner, owner must also provide consent by signing this application where indicated on pg. 3.*

PROPERTY OWNER INFORMATION

Name: _____

Address: _____ City/State/Zip _____

Phone: _____ Fax: _____

PROPERTY INFORMATION

Property Address: _____

City/State/Zip _____

Existing Use _____ Proposed Use _____

Total property (lot) area (square feet or acres): _____

A copy of a survey or site plan drawn to scale showing all existing and proposed building structures, driveways, parking, landscaping, property lines, etc. MUST BE SUBMITTED WITH APPLICATION.

FOR OFFICE USE ONLY – APPLICATION SUBMITTAL CHECKLIST

Date Received _____ Fees Paid _____

Map and Parcel _____ Existing Zoning District _____

REQUEST FOR VARIANCE OF SECTION _____

1. VARIANCE(S) REQUESTED: _____

2. WHAT PHYSICAL CHARACTERISTICS OF THE PROPERTY PREVENT ITS BEING USED FOR ANY OF THE PERMITTED USES IN YOUR ZONE? (topography, size and shape of lot, soil conditions, etc.) _____

3. EXPLAIN HOW THE STRICT APPLICATION OF THE PROVISIONS OF THE ZONING ORDINANCE WOULD RESULT IN DIFFICULTIES OR UNDUE HARDSHIPS IN THE USE OF YOUR PROPERTY, BUILDINGS, AND/OR STRUCTURES. _____

4. EXPLAIN HOW THE GRANTING OF A VARIANCE WILL NOT BE A SUBSTANTIAL DETRIMENT TO THE PUBLIC GOOD OR A SUBSTANTIAL IMPAIRMENT OF THE INTENT AND PURPOSE OF THE ZONING ORDINANCE. _____

YOU OR YOUR REPRESENTATIVE NEED TO PRESENT YOUR REQUEST TO THE PLANNING COMMISSION AND ZONING HEARING BOARD AND BE AVAILABLE TO ANSWER QUESTIONS, IF NEEDED. IF YOU OR YOUR REPRESENTATIVE AREN'T AT THE MEETING, YOUR REQUEST WILL BE TABLED/DENIED.

PLEASE NOTE: It is your responsibility to locate your property lines and to check your deed for easements and restrictive covenants.

CERTIFICATION: I/we, the undersigned, do hereby certify that:

1. The information submitted herein is true and correct to the best of my/our knowledge and upon submittal becomes public record;
2. Fees are not refundable and payment does not guarantee approval; and
3. All additional required written and graphic materials are attached.

Property Owner(s): _____ **Date:** _____

Applicant/Agent: _____ **Date:** _____

THIS SECTION FOR USE BY THE ZONING OFFICER ONLY:

RECORD OF ZONING HEARING BOARD, MOTION MADE TO: GRANT: _____ DENY: _____

MEETING DATE: _____

MOTION BY: _____ SECOND: _____ VOTE: _____