

Board Use Only: Date Received- _____ **No.** _____ **of** _____



Warwick Township Zoning Hearing Board Application

Applicant Contact Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Property Address: _____

Parcel Number: _____

Legal Owner Name & Address:

Equitable Owner Name & Address:

This application is:

- _____ 1. An application for special exception pursuant to the terms of Section _____ of the Zoning Ordinance; or
- _____ 2. An appeal from the decision of the Zoning Officer; or
- _____ 3. A request for a variance from the terms of Section(s) _____ of the Zoning Ordinance

Brief description of the property, including size, location, improvements, present use and Zoning classification: _____

Description of proposed use of improvements and relief requested: _____

Reasons the Zoning Hearing Board should grant request: _____

Additional information which Zoning Hearing Board should have to properly decide the case: _____

Signature of Applicant: _____

This application must be accompanied by a check or money order for \$ _____
Made payable to Warwick Township.

Please send application and payment to: Warwick Township
2500 Ridge Road
Elverson, PA 19520
Attn: Colleen Patton