

**BOARD OF SUPERVISORS
TOWNSHIP OF CONOY
LANCASTER COUNTY, PENNSYLVANIA**

APPLICATION FOR A HEARING

CHECK ALL APPLICABLE REQUESTS FOR HEARING:

Conditional Use: _____ Challenge to the Validity of the Zoning Ordinance _____

- 1. Name of Property Owner: _____
- 2. Address of Property Owner: _____
- 3. Telephone Number of Property Owner: _____

COMPLETE QUESTIONS #4 - #7 ONLY IF APPLICANT IS DIFFERENT FROM PROPERTY OWNER

- 4. Name of Applicant: _____
- 5. Interest of Applicant: _____
- 6. Address of Applicant: _____
- 7. Telephone Number of Applicant: _____
- 8. Address of Property Affected: _____
- 9. State the present or proposed use of the property, which is the subject of the instant application: _____

10. State the section or sections of the Zoning Ordinance under which the Hearing is being requested: _____

11. Attach three (3) copies of a Site Plan.

12. Please describe the grounds for the instant application (attach additional explanations on a separate sheet if necessary):

A. If a request for conditional use, please identify the conditional use requested including the applicable section or sections of the Zoning Ordinances:

B. If a challenge to the validity of the Zoning Ordinance, please specify the Section or Sections of the Zoning Ordinance claimed to be invalid and the grounds for such alleged invalidity:

13. This application is not complete until the fee established for such applications by ordinance or resolution of the Board of Supervisors has been paid by Applicant and all information required by this application has been furnished. In making this application, the Applicant agrees to pay all fees required by the fee schedule adopted by the Board of Supervisors by ordinance or resolution in effect on the date of the application.

By signing this Application, I, the Applicant, do hereby verify that I have reviewed and understand the statements made in this Application and that all such statements are true and correct to the best of my knowledge, information, and belief. These statements made herein are being made subject to the penalties of 18 Pa.C.S. 4904 relating to unsworn falsification to authorities.

Date: _____

(Signature of Applicant; show capacity if applicant is a partnership or a corporation)

(If application is being made by a person other than the property owner, attach a written authorization form from the owner consenting to the application and designating you as his agent.)

(Property Owner's Name)

HB

(Hearing #)

Adjoining Property Owners

(Name)

(Street Address)

(Town), (State) (Zip)

OFFICE USE ONLY

Fee Accepted By: _____

Date: _____

Amount: _____

Property Account No.: _____