

CASS TOWNSHIP
APPLICATION FOR HEARING BEFORE THE
ZONING HEARING BOARD OF CASS TOWNSHIP

Application is hereby made to the Zoning Hearing Board of Cass Township to request a hearing regarding the matter(s) presented herein. This Application is submitted in accordance with the Zoning Ordinance of Cass Township and the Pennsylvania Municipalities Planning Code, Act 247, as reenacted and amended.

Section A. Location and Ownership of Property

1. PROPERTY OWNER _____ PHONE _____
FAX _____
2. MAILING ADDRESS _____

Section B. Applicant

1. NAME OF APPLICANT _____ PHONE _____
2. ADDRESS OF APPLICANT _____

Section C. Type of Request

- Appeal Challenge Variance Special Exception Interpretation Other _____

IN REFERENCE TO: Article _____ Section _____ Paragraph _____ Page No. _____
Article _____ Section _____ Paragraph _____ Page No. _____
Article _____ Section _____ Paragraph _____ Page No. _____

Section D. Zoning Permit Application

Date of Application for Zoning Permit: _____

Date of Zoning Officer's refusal to grant Permit: _____ (attach Zoning Officer's written response)

NOTE: A Zoning Permit must be FIRST APPLIED FOR AND REFUSED IN WRITING by the Cass Township Zoning Officer prior to applying for a hearing before the Zoning Hearing Board.

Section E. Brief Description of Request

Section F. Grounds (Rationale) Supporting the Request, State Code Section (If Applicable)

Attachments: _____

Section G. Property Information

PROPERTY LOCATION: _____

Date Purchased: _____ Lot Area (SF): _____
Present Use: _____ Lot Width: _____
Proposed Use: _____ Lot Depth: _____
Zoning District: _____ Tax-IDNo: _____
Deed Book/Page Number: _____

NOTE: Attach survey or legal description of property, if necessary.

Section H. Certification

"I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I further certify that I am authorized by the owner to make the foregoing application. I understand that if I knowingly make any false statement herein I am subject to such penalties as may be prescribed by law or ordinance."

1. NAME OF APPLICANT (Print or Type) _____
2. APPLICANT'S SIGNATURE _____ DATE _____

FOR TOWNSHIP USE ONLY

1. DATE APPLICATION RECEIVED: _____ RECEIVED BY: _____ FEE: \$ _____
2. TAX-ID NO. _____
3. SITE LOCATION _____ ZONING DISTRICT _____

Approval - Denial - Date of Action Taken

4. APPLICATION FOR SPECIAL EXCEPTION OR VARIANCE: YES NO
(If application is for a Special Exception or Variance, a copy must be forwarded to the Planning Commission and Township Supervisors for review and comment prior to the hearing.)

PLANNING COMMISSION: Date Referred _____ Comments returned _____
TOWNSHIP SUPERVISORS: Date Referred _____ Comments returned _____

5. APPLICATION FOR HEARING APPROVED: YES NO DATE _____
REASON FOR DENIAL: _____

6. PUBLIC NOTIFICATION OF HEARING: Dates: _____ Newspaper: _____

7. PUBLIC HEARING: Date _____ Time _____ Place _____

8. ZONING HEARING BOARD'S DECISION ON REQUEST: APPROVED REJECTED DATE _____

REMARKS: _____

9. Letter sent to Applicant on _____