



Halfmoon Township
1948 Halfmoon Valley Road
Port Matilda, PA 16870

Date _____

Application for Hearing

The undersigned hereby applies to the Zoning Hearing Board for a hearing.

1. APPLICANT

Name: _____

Address: _____

Phone: _____

2. PROPERTY OWNER (If different from Applicant)

Name: _____

Address: _____

Phone: _____

3. PROPERTY LOCATION

Address: _____

Description: _____

Tax Parcel #: _____

4. PRESENT USE OF THE PROPERTY:

5. PROPOSED USE OF THE PROPERTY:

6. JURISDICTION OF ZONING HEARING BOARD

- _____ Substantive Validity Challenge
- _____ Procedural Validity Challenge
- _____ Appeal from Zoning Officer
- _____ Flood Plain or Flood Hazard Ordinance
- _____ Variance
- _____ Special Exception
- _____ Transfer Development Rights
- _____ Preliminary Opinion of Zoning Officer
- _____ Sedimentation, Erosion Control, Stormwater Management

Fill in information requested to describe your appeal or request:

1. Identify the ordinance or section of the ordinance involved.

2. Describe the action appealed from or the request you are making to the Board.

3. Describe what you desire to build or to do.

4. Describe the reasons for your appeal or request.

Attach all documents, plans, maps, correspondence or other materials relevant to your appeal.

Under penalties of law, I declare that I have examined this application, including accompanying information, and to the best of my knowledge and belief, it is true, correct and complete.
 All property owners of record, Agents for or Applicants must sign:

:NOTICE:

NO APPLICATION WILL BE CONSIDERED FILED UNLESS ALL FEES HAVE BEEN PAID. SUBMIT APPLICATION AND FEES IN THE FORM OF A CHECK OR MONEY ORDER MADE PAYABLE TO HALFMOON TOWNSHIP. ALL PROCEEDINGS SHALL BE CONDUCTED UNDER THE REQUIREMENTS OF ARTICLE IX OF THE ACT OF 1968, P.L. 805, No. 247 AS REENACTED AND AMENDED.

:DO NOT WRITE BELOW THIS LINE:
:OFFICIAL USE ONLY:

DATE RECEIVED: _____ DATE OF HEARING: _____ DOCKET No. _____ FILE No. _____ -

Disposition: _____

