

HAYCOCK TOWNSHIP

ZONING HEARING BOARD APPLICATION GENERAL INSTRUCTIONS

1. All information requested or fees required to be paid with the application must be furnished with supporting documents and any studies required by the Haycock Township Zoning Ordinance, before the application shall be deemed as filed within the meaning of the Municipalities Planning Code and the Haycock Township Zoning Ordinance.
2. The applicant must be present at all hearings; otherwise the petition will be dismissed unless postponed by the Zoning Hearing Board, upon cause shown.
3. At all hearings, proof of the authority of the applicant to make the application to the Board, if the applicant is not the owner, must be presented to the Zoning Hearing Board, whether the applicant's interest be as owner, tenant, purchaser or in any other capacity.
4. The following documents must accompany all applications:
 - a. Six (6) paper copies of the application, including one signed original application, deed and plot plan, drawn to scale of the real estate affected, indicating the location and size of the improvements now erected and/or proposed to be erected thereon.
 - b. Six (6) paper copies of the Proof of title and the interest of both the Owner and Applicant must be attached, by photocopy of the Deed together with any lease, agreement of sale or other document containing the right or interest.
 - c. Six (6) copies of the names and addresses of all property owners adjoining the subject parcel and within 500 feet of the same. The listing must be typed or hand-printed legibly.
5. All meetings of the Zoning Hearing Board shall be open to the public.
6. No decision by the Zoning Hearing Board shall relieve any applicant from the responsibility of obtaining any required permits in the manner prescribed by the Zoning Ordinance(s).

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ZONING HEARING BOARD APPLICATION

All submissions require six (6) paper copies. Please note that all plans and drawings must be included with each copy. Payment is required upon submission.

Permit # _____ OFFICE USE ONLY Tax Map Parcel # _____

I. APPLICANT

Name: _____ Date of Application: _____
Email: _____ Phone: _____
Property Location: _____
Applicant Mailing Address (If Different): _____
Tax Map Parcel #: _____ Size of Parcel: _____ Zoning District: _____

II. OWNER (Only required when owner is not the applicant)

Name: _____
Applicant's Authority to Title Interest: _____

III. PROPERTY

Description of premises (Attach lot plan and the improvements both erected and proposed): _____
Description of structures, buildings and improvements presently existing: _____
Present Use: _____
Nature of proposed use, improvements and/or changes: _____

Reason for application:

- Appeal to the action of the Zoning Officer (Proceed to Step IV)
Request special exception (Proceed to Step V)
Request a variance (Proceed to Step VI)
Request a change in or expansion of a non-conforming use (Proceed to Step VII)
Challenge the validity of a zoning ordinance or map on the following basis (Proceed to Step VIII)
Appeal to the decision of the Board of Supervisors (Proceed to Step IX)
Other (Proceed to Step X)

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IV. Appeal from the action of the Zoning Officer N/A

- a. The action taken was: _____
- b. The date the action taken was: _____
- c. The foregoing action was in error because: _____

V. Request special exception - See statement attached.

- a. Nature of special exception sought: _____
- b. The special exception is allowed under Section ____ Subsection ____ of the Haycock Township Zoning Ordinance. If more than one special exception is requested, list ordinance references on a separate page.
- c. Reason for request: _____
- d. Please attach a narrative explaining in detail how the applicant complies with the requirements for special exceptions, set forth in Sections ____ and ____ of the Township's Zoning Ordinance.

VI. Request a variance - See statement attached.

- a. Nature of variance sought: _____
- b. The variance is from Section _____ Subsection _____ of the Haycock Township Zoning Ordinance.
- c. The nature of the unique circumstances and the unnecessary hardship justifying this request: _____

- d. Please attach a narrative explaining in detail how the applicant complies with the requirements for Variances in Section 1106 of the Township's Zoning Ordinance and Section 910.2 of the Municipalities Planning Code.

VII. Change in non-conforming use

- a. Present use: _____
- b. Established: _____
- c. Number of buildings devoted to use: _____
- d. Square footage devoted to use: Entire building: _____
- e. Proposed change in terms of items a. through d. above: _____

VIII Challenge the validity of a zoning ordinance or map

- a. The ordinance or map challenged is as follows: _____
- b. The challenge is ripe for decision because: _____
- c. The ordinance challenged is invalid because: _____

IX. Appeal to the decision of the Board of Supervisors

- a. Reasoning: _____

X. Other

- a. If other relief is sought, please specify the nature and basis for the same: _____

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ADJACENT PROPERTY LIST

Please attach a list of ALL adjacent properties within a 500-foot radius of the property in question. For each affected property please include:

- Tax Map Parcel Number
- Mailing Address
- Owner's Name

To identify properties within a 500 foot radius, you may use the [Bucks County Planning Commission's Parcel Viewer](#). Choose the 'Query Parcels' feature from the navigation menu to query by parcel buffer.

To identify owner information, you may use the [Bucks County Board of Assessment Property Search Site](#). Select 'Property Records' from the navigation menu and search for owner information by property address or Parcel ID.

VERIFICATION

_____, states that he/she is the Applicant in this Haycock Township Zoning Hearing Board Application, that the foregoing facts are true and correct to the best of his/her knowledge, information and belief; and that this statement is made subject to the penalties of 18 Pa. C.S. 4904 relating to unsworn falsification to authorities.

APPLICANT: _____

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

PROPERTY OWNER (If Different from Applicant)

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

ZONING OFFICER

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____

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PROPERTY ACCESS AUTHORIZATION

Property Location: _____

Applicant's Name: _____

Tax Map Parcel No: _____

I, _____, owner of the property involved in the above Zoning Hearing Board application hereby grant permission to enter upon the above property at any reasonable hour as part of the review process of the submitted application.

CERTIFICATE OF OWNERSHIP AND AUTHORIZATION OF AGENTS

Owner Name: _____ Tax Map Parcel #: _____

Email: _____ Phone: _____

Property Location: _____

The individual(s) listed below is/are authorized to act on my behalf regarding the following submissions to Haycock Township:

APPEAL

VARIANCE

OTHER

Agent 1 Name: _____

Address: _____

Phone: _____ Email: _____

Agent 2 Name: _____

Address: _____

Phone: _____ Email: _____

OWNER SIGNATURE: _____ DATE: _____