

**APPLICATION TO THE BOARD OF SUPERVISORS
OF CUMBERLAND TOWNSHIP FOR A HEARING**

Circle One: Conditional Use Hearing Zoning Text Amendment
 Zoning Map Amendment Curative Amendment

Instruction:

- I. Please complete all questions in ink and in a legible form (print or type).
- II. Submit the completed application to the Cumberland Township Secretary.
- III. All applications must be accompanied by 5 plot plans or floor plans before the application will be accepted.
- IV. All applications must be paid in full upon filing of the applications.
- V. A separate application must be submitted for each property and/or plot.
- VI. Please refer to the Pennsylvania Municipalities Planning Code, the Cumberland Township Zoning Ordinance, and the Rules of Procedure prior to submitting any application. The above-mentioned materials will be available for inspection at the Cumberland Township Municipal Building during regularly-scheduled business hours. Copies will be provided at cost. **THE DOCUMENTS HEREIN REFERRED TO SHALL GOVERN THIS APPLICATION AND ARE CONSIDERED TO BE ADDITIONAL INSTRUCTIONS HERETO.**

1. Name of Applicant: _____ Date: _____

2. Address of Applicant: _____

3. Telephone Number of Applicant: _____ Email: _____

4. Name of Property Owner if different than applicant: _____

5. Address of Property Owner: _____

6. Telephone Number of Property Owner: _____ Email: _____

7. Name, Address, and Telephone Number, and Email Address of Applicant's/Owner's
Attorney/Representative (if any): _____

8. Please state your interest in the subject property (owner, developer, agent, etc.)_____

9. Location of property and/or structure to which Application relates, including, among other information, the street address, deed reference, parcel number, and zoning district:

10. Name, Address, and Telephone Number of all owners of any interest in the property and/or structure other than persons listed in Question #1 or #4 above. (For each person, please define their respective interest):

11. Grounds for Application (please check all boxes which apply):

- A. Conditional Use
- B. Zoning Map Change Request
- C. Zoning Text Amendment Request
- D. Curative Amendment

a. Please cite the section of the Cumberland Township Zoning Ordinance upon which the application is based and briefly state the relief sought and state facts or reasons in support of the grant of the application:

12. Describe the current use of this subject property:

13. Describe the proposed use of the subject property:

14. If a Unified Appeal is accompanying this Application, briefly describe the subject matter:

Please submit/attach any additional information that the applicant/owner feels is pertinent to the application.

I/We, _____, verify that the statements made in the Application are true and correct. I understand that false statements herein are subject to the penalties of 18 PA C.S. Section 4904 relating to un-sworn falsification to authorities. I further understand and acknowledge that the documents referred to in Section VI of the Instruction to the Application are considered additional instructions hereto.

Signature of Owner

Signature of Applicant

Printed Name of Owner

Printed Name of Applicant

Date

Date

(For official use by the Zoning Officer or Township Secretary)

Date Application received: _____

Is Application accompanied by plot plan or floor plan? _____

Has the applicant paid all application fees? _____

Date of Payment: _____

Amount Paid: *\$_____

*Please Note: Cost for a Hearing is \$981.60 each. This is a minimum amount; anything over \$981.60 will be billed to the applicant.

Signature of Township Secretary

Date