

**HORSHAM TOWNSHIP**

Department of Code Enforcement

1025 Horsham Road ◦ Horsham, PA 19044 ◦ P: (215) 643-3131 ◦ F: (215) 643-0448



**ZONING HEARING BOARD APPLICATION CHECKLIST**

All applications must be completed and submitted to the Horsham Township Zoning Officer no later than 3:00PM on the first (1<sup>st</sup>) day of each month. If the first day falls on a weekend or a holiday, the next working day becomes the deadline. Hearings are held at the Township Building on the second (2<sup>nd</sup>) Tuesday of each month at 7:30PM. A decision is rendered by the Zoning Hearing Board at the next regular meeting (2<sup>nd</sup> Tuesday) of the following month.

EXAMPLE:	January 1 <sup>st</sup>	Submission Deadline
	2 <sup>nd</sup> Tuesday in February	Hearing is conducted
	2 <sup>nd</sup> Tuesday in March	Decision is rendered

**SUBMISSION REQUIREMENTS:**

- ❑ **Zoning Permit Application** – Original notarized and six (6) additional copies
- ❑ **Notice of Appeal** – Seven (7) copies completely answered
- ❑ **Deed** – Seven (7) copies (valid agreement of sale for property if not the current owner)
- ❑ **Plot Plan** – Seven (7) copies of plans which must show all dimensional data including: Street centerline and right of way, front, side and rear yard setbacks, location of all existing and proposed structures, driveways or patio areas. All non-residential applications must have a plot plan prepared by an engineer or surveyor. Photographs of features are encouraged.
- ❑ **Drawings** – Any drawings or visual aids that are to be used at the hearing or entered as evidence must be in a foldable format for filing purposes. Foldable copies of mounted illustrations, including any coloring, are acceptable.
- ❑ **Adjacent Property Owners** – Two (2) copies of the form provided. Names and addresses of all property owners within 500 feet of the subject parcel. This information may be acquired at the Township Building.

\*\* Applicants are invited to the fourth (4<sup>th</sup>) Monday Meeting of Horsham Township Council where their applications will be reviewed by Council.

For additional information regarding any application or submission, please contact the Zoning Officer at (215) 643-3131.

# Horsham Township Zoning Hearing Board

## ZONING PERMIT APPLICATION

Public Hearing: # \_\_\_\_\_

Document: # \_\_\_\_\_

### Horsham Township Montgomery Township, Pennsylvania

Application is hereby made for a Zoning Permit in connection with the hereinafter described property, upon the following representation.

1. Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. State exact location, including street name and distance to nearest cross street:

\_\_\_\_\_

4. Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_

5. Block No. \_\_\_\_\_ Unit No. \_\_\_\_\_ Zoning Classification: \_\_\_\_\_

6. Frontage: \_\_\_\_\_ Depth: \_\_\_\_\_ Lot Area: \_\_\_\_\_

7. Present use of Property: \_\_\_\_\_

\_\_\_\_\_

8. Water: < > Private < > Public Sewer: < > Private < > Public

9. Proposed Use of Structure and/or Land: \_\_\_\_\_

\_\_\_\_\_

10. Name and address of Land Surveyor: \_\_\_\_\_

\_\_\_\_\_

11. Plans drawn and prepared by: \_\_\_\_\_

are attached showing the location of existing and proposed features of the property.

12. Name and address of person who has located and staked the property is: \_\_\_\_\_

\_\_\_\_\_

13. Is the property a part of a previously approved subdivision? < > Yes < > No

Subdivision Name: \_\_\_\_\_ Recorded Plan Book No. \_\_\_\_\_

Page No. \_\_\_\_\_ Date of Township Approval: \_\_\_\_\_

Is a SPECIAL EXCEPTION to be requested of the Zoning Hearing Board? < > Yes < > No

14.

Is a VARIANCE to be requested of the Zoning Hearing Board? < > Yes < > No

Is an INTERPRETATION to be requested of the Zoning Hearing Board? < > Yes < > No

Is a determination of NON-CONFORMING status to be requested? < > Yes < > No

(if answer is Yes to any of the above; please file a "Notice of Appeal" with the Zoning Office)

15. Is a CONDITIONAL USE to be requested of the Township Council: < > Yes < > No

(If yes, please see Zoning Officer for additional submission requirements)

16. Has any previous application been filed in connection with the aforesaid property?

< > Yes < > No If Yes, give date and disposition of previous applications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application is accompanied by a fee of \$ \_\_\_\_\_

**STATE OF PENNSYLVANIA**

SS

**COUNTY OF MONTGOMERY**

Being duly sworn according to law, depose(s) and say(s) that the facts set forth in the foregoing application are true and correct.

Sworn and subscribed to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Owner(s) Signature below:

\_\_\_\_\_

NOTARY \_\_\_\_\_

\_\_\_\_\_

The above application was received on: \_\_\_\_\_ 20 \_\_\_\_\_

The above application referred to the < > Zoning Hearing Board < > Township Council on: \_\_\_\_\_ 20 \_\_\_\_\_

Zoning Officer Signature: \_\_\_\_\_

# Horsham Township Zoning Hearing Board

## NOTICE OF APPEAL

Public Hearing: # \_\_\_\_\_

Document: # \_\_\_\_\_

(I) (We), \_\_\_\_\_ of \_\_\_\_\_  
(name) (mailing address)

request that a determination be made by the Zoning Hearing Board on the following appeal, which was denied by the Code Officer on, \_\_\_\_\_ 20\_\_\_\_ for the reason that it was a matter which in the Opinion of the Code Officer should properly come before the Board.

- An interpretation       A Special Exception       A Variance

Is requested to Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection \_\_\_\_\_, Paragraph \_\_\_\_\_, of the Zoning Ordinance for the reason that:

- It is an appeal for an interpretation of the ordinance or map.  
 It is a special exception to the ordinance on which the Board of Adjustment is required to pass.  
 It is a request for a variance relating to the  Use  area  frontage  yard  height

or \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(State if request is for other purpose than those enumerated)

Provisions of the ordinance.

The description of the property involved in this appeal is as follows:

Location: \_\_\_\_\_

Lot Size: \_\_\_\_\_ Zone district: \_\_\_\_\_

Present Use: \_\_\_\_\_

Proposed improvements of land: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(I) (We) believe that the Board should approve this request because: (include the grounds for appeal or reasons both with respect to law and fact for granting the appeal or special exception or variance, and if hardship is claimed, state the specific hardship.)

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Has any previous application or appeal been filed in connection with these premises? \_\_\_ Yes \_\_\_ No  
What is the applicant's interest in the premises affected?

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(owner or lessee)

(If neither owner or lessee, attach proof of authority or have the owner join in this Notice of Appeal)

**If is the policy of the Zoning Hearing Board to take all zoning applications under advisement and to render a decision at the first regular meeting of the Zoning Hearing Board following the applicant's presentation to the Board. Accordingly, the Board will not render a decision on the night of the applicant's presentation, but will defer the decision to the following month. The only exception to this policy is in the event of an emergency (such as a medical emergency) or when the zoning relief is necessary to abate a dangerous condition. In the event, the applicant must submit a request in writing at the time of the filing of the application requesting an immediate decision from the Board.**

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(I) (We) hereby certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of (my) (our) knowledge and belief.

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Applicant(s)

Owner(s)

# ADJACENT PROPERTY OWNERS

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	

BLOCK _____	UNIT _____
NAME _____	
ADDRESS _____	