

AMHERST TOWNSHIP – BOARD OF ZONING APPEALS
APPLICATION for VARIANCE

Please **PRINT** or **TYPE**.

Application Date: _____

Name and Address of Applicant(s):

Name and Address of Property Owner(s):

Home/Cell Phone # _____

Home/Cell Phone # _____

Business Phone # _____

Business Phone # _____

Street Address or Location of Case to be considered (if same as above write '**SAME**):

Permanent Parcel Number(s): _____

Current Zoning Designation: _____

Applicant's Description of Case: List current situation and why this VARIANCE is needed.
Please attach additional pages if necessary.

You may have legal counsel (attorney) at the hearing.

Will you have an attorney present at the hearing? **Yes** _____ **No** _____

Will you have professionals (architects, engineers, etc.)
present at the hearing?

Yes _____ **No** _____

Please list name and profession of those who will be attending:

Please refer to Article 2400 "Appeals and Variances" of the Amherst Township Zoning Resolution.

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The following items must accompany the completed application in order for a hearing to be scheduled:

- _____ Zoning Appeal Fee: \$ _____
(Payment by check only, payable to “**Amherst Township**”)
- _____ Proposed Plot Plan – include buildings, driveway and landscaping, as applicable
- _____ County Parcel Map
Include parcel(s) under appeal, parcels that are contiguous, and parcels across the street along with all Permanent Parcel(s) Numbers
- _____ Deed – Legal Description
- _____ Pictures of the Property
- _____ List of all of the property owners, along with their mailing addresses, that are contiguous to and directly across the street from property subject to hearing

Eleven (11) copies of this completed application, plus attachments, must be submitted to the Zoning Inspector.

Applicant’s Signature _____ Date _____

Applicant’s Signature (if more than one) _____ Date _____

(Official Use Below)

_____ **AREA VARIANCE** _____ **USE VARIANCE**

Date Completed Application was Received: _____

Zoning Inspector’s Comments: _____

Zoning Inspector’s Signature _____ Date _____