## ► TYRONE TOWNSHIP ◀

5280 Old Harrisburg Road, York Springs, PA 17372 Phone: 717-528-4012

Email: tyrone.township@comcast.net

Date Received:	File No.:	
ZONING HEARING APPLICATION Complete all questions that apply legibly and in ink (type or print)		
1. CONTACT INFORMATION:		
• Applicants Name(s)	Phone:	
Address:		
• Property Owner(s)		
Address:		
Applicant's Agent or Representative if any:		
Address:		
Applicant's Legal Counsel if any:		
Address:		
2. The subject property is located as follows:		
	Parcel # <u>:</u>	
3. Zoning District of the subject property:		
4. Clearly describe the existing use of land and/or building:		
5. Clearly describe the proposed use of the subject property:		
6. Grounds for Application. Please check all boxes that apply.  A. Variance  B. Special Exception  C. Conditional Use  D. Non-Conforming Use Change  E. Appeal from decision of Zoning Officer  F. Challenge to validity of Zoning Ordinance  7. If box "A" "B" or "C" above is checked, please cite the sec which the application is based and briefly state the relief sough application:	tion(s) of the Municipal Zoning Ordinance upon	

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b. If box "D" above is checked, please justification and/or grounds for appeal		g Officer which is being appealed, the Ordinance which was allegedly violated:
-	-	
c. If box "E" above is checked, please addition, please attach the plans or oth ordinance or map and attach the prope Municipalities Planning Code."	ner materials describing the use of	or development permitted by the challenged
Please submit the following document	ts (check below the documents co	ontained in this application):
a. A Certificate of Ownership		
b. A Narrative giving a detailed explanation		
c. A completed Zoning/ a	nd Use Permit Application	
d. A completed Prelimina	ry Subdivision Plat Application	
e. A proposed Site Develo	opment Plan	
f. A Vicinity Map and Plo	ot Plan	
g. Subdivision Water and	Sewage Report	
i. Other (specify)		
work described has been authorized by the authority to enter the areas in which this v	e owner of record. I certify that the work is being performed, at any reas at the foregoing information is true a	owner of record to submit this application and that the Code official or his representative shall have the conable hour, to enforce the provisions of the Codes and correct to the best of my knowledge and belief.
Applicant Signature:		Date:/
Print Name (legibly):	Email:	
Address:		Phone No.:
For official use only	/ city / zip	
	Fee Received: \$	Received By:
Date(s) of Publication:		ation:
Hired Stenographer:		
Sent Notices:		
Date Property is Posted:	by:	Action:

FEES: IN ACCORDANCE WITH THE MUNICIPAL FEE SCHEDULE [Resolution 2022-02]

Variance, Special Exception, or Appeal from Determination of Zoning Officer: Residential \$650

Commercial/Industrial \$850

These Fees are not reimbursable and if chargeable cost exceeds these fees, those costs will be billed to the applicant and are payable within 30 days