

**ZONING HEARING BOARD OF LOWER SAUCON TOWNSHIP**

Ten copies of this application, including all plans and drawings, must be submitted to the Zoning Officer together with the application/escrow fees. No application will be accepted without an adequate plan of the subject premises.

PROJECT NUMBER \_\_\_\_\_

1. The undersigned applicant hereby: (check appropriate letter {s})
  - a. \_\_\_\_\_ Appeals from a determination of the Zoning Officer.
  - b. \_\_\_\_\_ Requests a Special Exception.
  - c. \_\_\_\_\_ Requests a Variance.
  - d. \_\_\_\_\_ Challenges the validity of a Zoning Ordinance or map.
  - e. \_\_\_\_\_ Requests other relief within the jurisdiction of the Zoning Hearing Board as established in § 909.1(a) of the Pennsylvania Municipalities Planning Code.
  
2. Name and Address of Owner of Property: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_
  
3. Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_
  
4. If Applicant is not the Owner, state Applicant's authority to bring this application:  
\_\_\_\_\_  
\_\_\_\_\_  
(attach documents in support of said authority to this application)
  
5. Address of Property: \_\_\_\_\_
  
6. Attach plot plan of property drawn to scale indicating location and size of improvements both proposed and presently existing and indicating a compass reference.
  
7. Tax Parcel Number of Property: \_\_\_\_\_
  
8. Present Zoning Classification of Property: \_\_\_\_\_

9. Present Use of Property: \_\_\_\_\_

10. Describe the buildings and other improvements located on the Property: (attach additional sheets if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

11. State the Size of the Property: \_\_\_\_\_

12. If you are appealing from a determination of the Zoning Officer, complete the following:

a. The action taken was: \_\_\_\_\_  
\_\_\_\_\_

b. The date action was taken: \_\_\_\_\_

c. Attach a copy of any written order issued by the Zoning Officer in connection with this matter.

d. The foregoing action is being challenged because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. If you allege the existence of a non-conforming use, state the nature of such use and the date on which it began: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If you are challenging the validity of a Zoning Ordinance or map, complete the following:

a. Identify the provision of the Ordinance or map which you believe to be invalid:  
\_\_\_\_\_  
\_\_\_\_\_

b. The challenge is ripe for decision because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. The provision challenged is invalid because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. If you are requesting a Special Exception complete the following:
- a. Nature of Special Exception sought is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. The Special Exception is allowed under Article \_\_\_\_\_ Section  
Subsection \_\_\_\_\_ of the Lower Saucon Township Zoning Ordinance. (If  
more than one Exception is requested, list Ordinance references on separate page)
  - c. The reason for the request is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. If you are requesting a Variance complete the following:
- a. Nature of Variance sought is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. The Variance is from Article \_\_\_\_\_ Section \_\_\_\_\_ Subsection \_\_\_\_\_  
\_\_\_\_\_ of the Lower Saucon Township Zoning Ordinance. (If more than one  
Variance is requested, list Ordinance references on a separate page)
  - c. The nature of the unique circumstances and the unnecessary hardship justifying  
this request for a Variance is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. If you are requesting other relief within the jurisdiction of the Zoning Hearing Board,  
complete the following:
- a. The nature of the relief sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. If you are requesting relief from a determination of a Township Official, attach a  
written copy of a determination and state the reason the determination was in  
error, including reference to applicable status or ordinances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. By filing this application, applicant agrees to reimburse Lower Saucon Township for all  
costs incurred by the processing of this application to the extent that those costs exceed  
the filing fee.

18. a. \_\_\_\_\_ I am not represented by an attorney in connection with this application.  
 b. \_\_\_\_\_ I am represented by \_\_\_\_\_, Esquire in connection with this application.

Attorney's Address: \_\_\_\_\_

Attorney's Telephone Number(s): \_\_\_\_\_

19. The following is a list of names and addresses of all persons owning property which is located within 300 feet of the perimeter of the property which is the subject of this application, identified by tax parcel number together with the name and address of the present owner of the said parcel as contained in the records of Lower Saucon Township or Northampton County Tax Mapping located in the Northampton County Courthouse or their website – [www.ncpub.org](http://www.ncpub.org)

Tax Map Number of Property	Name and Mailing Address of Owners of Property
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	

Tax Map Number of Property	Name and Mailing Address of Owners of Property
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	
31.	
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42.	
43.	
44.	
45.	

Attach additional names on a separate page.

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF

The undersigned, being duly sworn according to law, deposes and says that he/she is the above named applicant, that he/she is authorized to and does take this affidavit on behalf of the owner, and that the foregoing facts are true and correct.

\_\_\_\_\_  
Applicant

Sworn to and subscribed  
before me on this

\_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Date Received: \_\_\_\_\_

\_\_\_\_\_  
Zoning Officer