

**UPPER PROVIDENCE TOWNSHIP, DELAWARE COUNTY
ZONING HEARING BOARD
APPLICATION FOR SPECIAL EXCEPTION**

MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO THE MEETING

APPLICATION INFORMATION:

Name: _____
Address: _____

Phone _____
Email _____

PROPERTY OWNER INFORMATION:

Name: _____
Address: _____

Phone _____
Email _____

PROPERTY INFORMATION

Address: _____
Folio #: _____

Property was acquired on or before the _____ day of _____
Property is zoned: _____ Current use is: _____

Applicant petitions the Board for an exception as provided in the Zoning Code under:

Chapter _____ Section _____ Subsection _____ Table: _____

Special Exception is requested for the following reason(s): _____

Petitioner requests that the Zoning Hearing Board of Upper Providence Township set a day and time for a public hearing on this petition so that the Petitioner and others may be heard for or against the granting of this petition in accordance with Ordinance 321 of the Upper Providence Township Code.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief.

Applicant signature: _____ Date: _____

Sworn to and Subscribed
Before me this _____ day
Of _____, 20____
My Commission expires _____

Notary Public signature

OFFICE USE ONLY			
Application Date _____	Fee \$ _____	Escrow\$ _____	W-9 Recd. _____
	Check # _____	Check # _____	
Rec'd by: _____		Rec'd from: _____	