

**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\$ \_\_\_\_\_

Check # \_\_\_\_\_ Check # \_\_\_\_\_

Rec'd by: \_\_\_\_\_ Rec'd from: \_\_\_\_\_