

ZONING HEARING BOARD APPLICATION

NAME OF APPLICANT:	_____	
DATE OF APPLICATION:	_____	APPLICATION # _____
LOCATION OF PROPERTY:	_____	
TAX PARCEL ID NUMBER:	_____	ZONING DISTRICT: _____

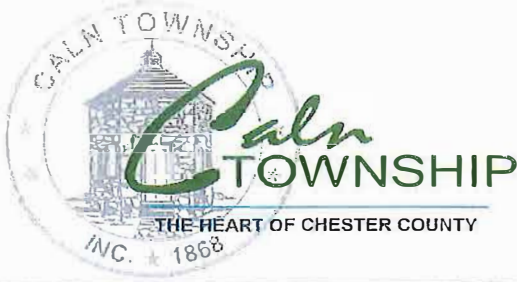
TYPE OF APPLICATION:
_____ ZONING VARIANCE APPLICATION
_____ SPECIAL EXCEPTION
_____ ZONING OFFICER APPEAL
_____ OTHER

APPLICANT'S NAME:	_____	
MAILING ADDRESS:	_____	
PHONE NUMBER:	_____	FAX NUMBER: _____
E-MAIL ADDRESS:	_____	

OWNER OF RECORD:	_____	
MAILING ADDRESS:	_____	
PHONE NUMBER:	_____	FAX NUMBER: _____
E-MAIL ADDRESS:	_____	

PROJECT ATTORNEY:	_____	
MAILING ADDRESS:	_____	
PHONE NUMBER:	_____	FAX NUMBER: _____
E-MAIL ADDRESS:	_____	

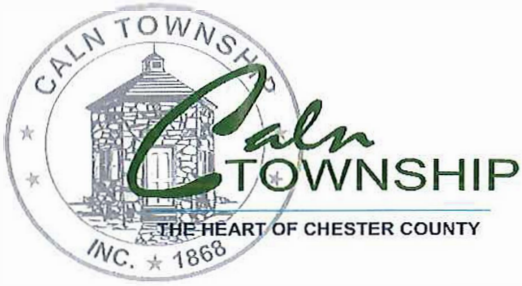
PROJECT ENGINEER	_____	
MAILING ADDRESS:	_____	
PHONE NUMBER:	_____	FAX NUMBER: _____
E-MAIL ADDRESS:	_____	



BASIS FOR ZONING VARIANCE AND/OR SPECIAL EXCEPTION APPLICATION	
SECTION(S) OF ZONING ORDINANCE INVOLVED	PROVIDE A BRIEF DESCRIPTION OF ACTION REQUESTED

THE APPLICANT SHALL SUBMIT THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION:

- (1) ONE (1) ORIGINAL APPLICATION.
- (2) FIVE (5) COPIES OF A PLOT PLAN OR TAX MAP, ACCURATELY DRAWN TO SCALE.
- (3) FIVE (5) COPIES OF A SKETCH PLAN ILLUSTRATING THE ACTION REQUESTED.
- (4) A CD OF ALL FILES SUBMITTED WITH APPLICATION WHEN DEEMED NECESSARY.
- (5) PDF FILE OF PLAN REQUIRED WHEN DEEMED NECESSARY.
- (6) PHOTOGRAPHS OF THE PROPERTY.
- (7) PROOF OF OWNERSHIP OR THE RIGHT TO UTILIZE THE PROPERTY FOR THE ACTION REQUESTED.
- (8) THE REQUIRED APPLICATION FEE AS PRESCRIBED BY CALN TOWNSHIP.
- (9) TOWNSHIP WILL PROVIDE LIST OF NAMES AND ADDRESSES OF ALL PROPERTY OWNERS.
- (10) A DETAILED WRITTEN DESCRIPTION OF THE ACTION REQUESTED WITH THIS APPLICATION.
- (11) APPLICATION TO BE SUBMITTED WITHIN THE FIRST WEEK (PREFERABLY MONDAY OR TUESDAY OF THE MONTH PRECEDING THE DATE OF THE HEARING).



- (1) I HEREBY PERMIT ANY ELECTED, APPOINTED AND/OR ASSIGNED STAFF MEMBER OF CALN TOWNSHIP TO ENTER THE EXTERIOR PREMISES OF THE PROPERTY, IN WHICH THIS APPLICATION PERTAINS, FOR THE PURPOSES OF CONDUCTING SITE INSPECTIONS WHILE THE PROPOSED APPLICATION IS BEING CONSIDERED BY CALN TOWNSHIP.
- (2) I HEREBY AGREE TO PAY ALL CONSULTANT, ADMINISTRATIVE AND/OR APPLICATION FEES REQUIRED FOR THE REVIEW OF THIS APPLICATION.
- (3) I HEREBY UNDERSTAND THAT THE ZONING HEARING BOARD IS NOT OBLIGATED TO APPROVE THIS APPLICATION.

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE

DATE OF APPLICATION

FOR MUNICIPAL USE ONLY

AUTHORIZED STAFF MEMBER: _____

APPLICATION NAME: _____ APPLICATION # _____

SUBMISSION DATE: _____ SUBMISSION NUMBER: _____

CALN TWP. FEE: _____ CHECK NUMBER: _____ DATE: _____

DATE APPLICATION WILL BE CONSIDERED BY THE TOWNSHIP ZONING HEARING BOARD: _____

APPLICATION COMPLETENESS REVIEW: _____ DATE: _____