

MANCHESTER TOWNSHIP
3200 Farmtrail Road
York, PA 17406-5699

FOR OFFICE USE ONLY

Application # _____
 Date of Hearing _____
 Time of Hearing _____

CONTINUED HEARING

Date of Hearing _____
 Time of Hearing _____

APPLICATION FOR ZONING HEARING

1. Applicant's Name _____

Address: _____

Phone Number () _____

2. Property Owner's Name: _____

Address: _____

3. Property Location _____

4. Zoning District _____ UPI # _____

The undersigned hereby makes application for a **VARIANCE / SPECIAL EXCEPTION / APPEAL** under all applicable ordinances of Manchester Township, and hereby certifies, under penalties of perjury, that all facts set forth herein and in the plans submitted herewith are true and correct.

Nothing in this application shall relieve the owners, or his agent, the developer or applicant or any other persons in possession or control of the building, land, or any part thereof from obtaining such other permits or licenses or approvals as may be prescribed by law for the uses or purposes for which the land or building is designed or intended; nor from complying with any lawful order issued with the object of maintaining the building or land in a safe or lawful condition.

Two (2) completed applications with the required application fee must be submitted to Manchester Township prior to the filing deadline.

Signature of Applicant / Authorized Representative

Date _____

OFFICE USE ONLY BELOW THIS LINE

Date Application Received _____		Property Posted _____
Date Application Fee Received _____		
Certified to ZHB	Date _____	
Newspaper Advertisement of Hearing	Date _____	Date _____
Notice Mailed to Twp. Supervisors & ZHB	Date _____	
Notice Mailed to Applicant & Adjacent Property Owners	Date _____	
Application Withdrawn	Date _____	
Hearing Held	Date _____	
Planning Commission Review	Date _____	
Continued Hearing Held	Date _____	
Permit (GRANTED / REFUSED)	Date _____	
Conditions for Approval _____		
