

Milford Township
2100 Krammes Road, P.O. Box 86
Spinnerstown, PA 18968
V(215) 536-2090 - F(215) 529-9127

<p><u>Office Use Only:</u> Date Application Received: _____ Tax Parcel #: _____ Zoning District: _____</p>
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Milford Township Application For Zoning Hearing

Applicant: _____
Owner's Name(s): _____ Phone (H): _____
Mailing Address: _____ Phone (W): _____

Location of Property: _____
Present Use of Property: _____
Proposed Use or Change: _____

Note: Photographs and other documentation may be submitted with this application to help present your case. Attach additional sheets as necessary.

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() Variance — *(Include with application: eight (8) copies of deed of title, eight (8) copies of plot plan(s) showing existing and proposed structures, eight (8) copies of floor plans and elevations, if applicable, and full application fee.)*

I request a Variance from Section(s) _____ of the Milford Township Portion of the Quakertown Area Zoning Ordinance. I am currently in compliance with the requirements and standards of Section 1106 and any other requirement of law and the Zoning Ordinance. The request is as follows:

() Special Exception — *(Include with application: eight (8) copies of deed of title, twenty (20) copies of plot plan showing existing and proposed structures, twenty (20) copies of floor plans and elevations, if applicable, and full application fee.)*

I request a Special Exception under Section(s) _____ of the Milford Township Portion of the Quakertown Area Zoning Ordinance. I am in compliance with the requirements and standards of Section 1107 and any other requirement of law and the Zoning Ordinance. The request is as follows:

() **Interpretation/Appeal** — *(Include with application: eight (8) copies of deed of title, eight (8) copies of plot plan showing existing and proposed structures, eight (8) copies of floor plans and elevations, if applicable, and full application fee.)*

Under Section 1105 of the Milford Township Portion of the Quakertown Area Zoning Ordinance I request an Interpretation/ Appeal of Section(s) _____ of the Zoning Ordinance as follows:

() **Validity** — *(Please discuss this application with the township manager and zoning officer prior to submission.)*

Under Section 1111 of the Milford Township Portion of the Quakertown Area Zoning Ordinance I challenge the Validity of Section(s) _____ of the Zoning Ordinance as follows:

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I hereby certify that the above statements and the statements contained in any paper or plans submitted herewith are true and correct to the best of my knowledge and belief. I certify that to the best of my knowledge, the property for which I seek zoning relief is in compliance with the requirements and standards of the above named section(s) of the Zoning Ordinance and any other requirements of law. I further certify that I am authorized by all owners to make this application. I authorize township officials and/or engineers to enter this land for site inspections.

Signature of Applicant: _____ Date: _____

Application and fee of \$ _____ received by Milford Township Zoning Officer or authorized representative.

Signature of township official: _____ Date: _____

<u>Zoning Hearing Board Fee Schedule:</u>	
Residential (Single-family)	\$350
Multi-family / units / lots (2 to 6 units)	\$600
Multi-family / units / lots (7 or more units)	\$1,200
Institutional & recreational	\$850
Non-Conforming Use Change	\$450
Commercial & Industrial	\$1600
Validity Challenge	\$10,000