## LOWER SALFORD TOWNSHIP 379 MAIN STREET HARLEYSVILLE, PA 19438-2391 (215) 256-8087 FAX (215) 256-4869

## MONTGOMERY COUNTY, PA

APPLICANT: A. Name:					
B. Address:					
Phone No.:Email Address:					
Applicant's interest in property:Legal OwnerEquitable OwnerTenant					
Other (specify)					
REAL ESTATE OWNER: A. Name:					
B. Address:					
C. Phone No.: Email Address:					
PROPERTY: A. Address:					
B. Tax Parcel No.:					
C. Tax Block No.: Unit No					
D. Deed Book: Date recorded: Book/Page#					
E. Property Size:					
F. Date Work will Commence:					
G. Zoning District:					
H. Existing Improvements and Use:					
I. Intended Use of Building, Structure and Property:					
J. Previous Zoning Hearing Board action relative to this property?					
(yes)(no) Date: Application No					
ATTORNEY: Representation by legal counsel? YesNo					
Name:					
Address:					
Telephone No.:					
Email :					

APPLICATION FOR:			
Lower Salford, Harle BSpecial Exception Township of Lower C Appeal from	eysville, Pennsylvania otion pursuant to the te Salford, Harleysville, P the decision of the Zor	amending Ordinance 62 erms of Article, Se Pennsylvania, amending ning Officer in (refusing	ction, of the Code of the
D. Other:			
REASONS WHY APPLICA	ATION/APPEAL SHO	ULD BE GRANTED:	
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APPLICATION MUST INC	LUDE SUBMISSION	OF ALL OF THE FOLL	.OWING:
engineer, shall be subradditions intended to be improvements, material location of the lot and s	ot plan of the real estated mitted with this applicated made under the applicated and general constructionsize of improvements reseven copies of a flood.	te to be affected, preparetion. This plan must should be affected, preparetion or appeal, if any ction thereof including the proposed and proposed preparetion and front elevations.	red by a registered surveyor or ow present improvements and the y, indicating the size of such proposed he location and also the size and sed to be erected thereon. If a on prepared by the architect or builder
I (we) hereby certify that the	e information contained	d above is true and corr	rect to the best of my (our) knowledge.
OWNER SIGNATURE:			
APPLICANT SIGNATURE:			
F	RECORD OF SECRET	ARY – ZONING HEARI	NG BOARD
Application No.: Date of Decision:		Date of Heari	ng:
VARIANCE SPECIAL EXCEPTION	ApprovedApproved	Denie Denie	d d
RESTRICTIONS (if any)			

Secretary