



Mailing Address

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Middle Paxton Township

**MIDDLE PAXTON TOWNSHIP, DAUPHIN COUNTY
APPLICATION FOR VARIANCE**

Please use blue or black ink to complete this form

Date: _____ **Case No:** _____

Name of Applicant(s) : _____

Address of Applicant(s): _____

Telephone Number and Email Address (if available) of Applicant(s):

Address of Property Subject to Application:

PARCEL # _____ Zoning District _____

Identify your relationship to the Property: _____

- If **owner**, attach a copy of your deed to this Application.

- If **tenant**, attach a copy of your lease to this Application.
- If **buyer** under an Agreement of Sale, attach a copy of the complete Agreement.
- Attach copies of any permits you have received from the Township concerning the property or any photos or other documents you intend to present at the hearing (all materials become the property of Middle Paxton Township and are retained with this application).

Will Applicant be represented by an attorney? _____. If yes, please provide the attorney's name and address: _____

1. Identify **type** of Variance being requested:

Dimensional Variance _____ Use Variance _____

2. If you seek a **dimensional variance**, specify the size of the variance you seek.

3. If you seek a **use variance**, specify the use which you propose for the property. (Please attach additional sheets of paper if you require additional space.)

4. Explain the purpose of your request and cite the specific section(s) of the Zoning Ordinance from which you seek a variance. (Please attach additional sheets of paper if you require additional space.) _____

5. Please attach to this application a statement addressing each of the following five (5) conditions:

- a. whether an unnecessary hardship has been created due to unique physical circumstances or conditions, including irregularity, narrowness, or shallowness of lot size or shape, or exceptional topography or other physical conditions peculiar to the particular property;
- b. whether there is any possibility that the property can be developed in strict conformity with the provisions of the zoning ordinance;

- c. to what extent, if any, you have created the unnecessary hardship;
- d. whether the variance will alter the essential character of the neighborhood in which the property is located, or otherwise be detrimental to the public welfare; and
- e. does your request represent the least modification possible to the zoning ordinance.

6. If you seek a **de minimus** dimensional variance, attach to this application a statement addressing with specificity how the request satisfies Conditions four (4) and five (5) above.

7. Identify all persons who will testify in support of your Application:

Name:	_____	_____
Address:	_____	_____
	_____	_____
Name:	_____	_____
Address:	_____	_____
	_____	_____

APPLICANT

By: _____

Print Name: _____

Date: _____

Please Note: Under the Municipalities Planning Code, the Zoning Hearing Board has the power to issue subpoenas to compel the attendance of witnesses and the production of relevant documents and papers. Please provide the Board with all requested documents a minimum of **48 hours** prior to the scheduled Hearing so that the Board has no need to issue subpoenas. **The Zoning Officer reserves the right to reject the application should Applicant fail to provide the information requested.**

(Official Use Only)

Date Received: _____ Check Number: _____ Site Visit Date: _____

Hearing Publication Date: _____ Newspaper: _____

Notices Posted: _____

Hearing Date: _____ Time: _____ Place: _____