

Briar Creek Township

150 Municipal Road
Berwick, PA 18603

Phone 570-752-8262
Fax 570-759-1681

ZONING HEARING BOARD APPLICATION FOR A VARIANCE

The undersigned requests the granting of a variance by the Zoning Hearing Board of Briar Creek Township as set forth below:

1. Name and address of the applicant (s):

2. Address of the property in question: _____
3. Zoning district in which the property in question is located: _____
4. What is your interest in the property in question? Please set forth whether you own the property, lease the property, intend to lease the property, or intend to purchase the property under an agreement of sale:

5. Set forth in detail the variance that you are requesting and the section of the Briar Creek Township Zoning Ordinance under which you are requesting the variance:

6. Set forth why you feel a variance should be granted:

7. Please describe in detail all uses, physical circumstances, and conditions which you feel justify the granting of a variance:

8. Set forth the hardship that you would suffer if a variance is not granted:

9. Set forth the reasons why your property, if the variance is not granted, cannot be developed in conformity with the provisions of the Zoning Ordinance of Briar Creek Township:

- 10. Set forth facts which show you have not created this hardship:

- 11. Set forth the effects that the granting of the variance will have on the neighborhood where the property is located:

- 12. Set forth why the variance you are requesting is the minimum variance you need to utilize your property as requested:

HEARING REQUEST

I request a hearing before the Zoning Hearing Board and certify the facts set forth in the above application are true. I understand if this application is not complete or if the information requested is not provided this application can be rejected by the Zoning Hearing Board as an incomplete application.

APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY

DATE OF FILING OF APPLICATION WITH THE SECRETARY: _____
 DATE OF ZONING HEARING BOARD MEETING: _____
 DATE HEARING ADVERTISED: _____
 FEE PAID : _____ APPEAL NUMBER: _____