

APPLICATION FOR
SOUTHAMPTON TOWNSHIP, FRANKLIN COUNTY
BOARD OF SUPERVISOR

Fee Received : _____

Date Application Received : _____

- Appeal Interpretation Other
 Variance Map Change _____

The (landowner) and (applicant) do hereby appeal to the Southampton Township, Franklin County Zoning Hearing Board from the decision of the : (check one)

- Zoning Officer Southampton Township, Planning Commission
 Township Supervisors Other

Whereby the _____ does Grant or Deny

Applicant's Name : _____

Building Permit : _____ Certificate of Occupancy _____

Curative Amendment _____ Other _____

- 1) Name and address of (Applicant and (Landowner) _____

- 2) Name and address of applicant's attorney (if applicable) _____

- 3) Interest of (Landowner) and (Applicant) _____

- 4) If applicant is other than landowner, please give name and address of landowner (Note : LANDOWNER MUST ALSO SIGN THIS APPLICATION FORM AT SPACE PROVIDED ON THE SECOND SHEET): _____

- 5) Subject property is described, located and used as follows : (If necessary, attached map or sketch Plan) _____

- 6) The relief through variance sought by (Landowner) and (Applicant) citing present zoning classification of property and the article, section, sub-section, and paragraph numbers of the Zoning Ordinance or amendment under which this variance is requested: _____

- 7) Previous notice has not made with respect to this decision of the Zoning Officer or with respect to this property. Notice is in the form of : _____

- 8) Date of Notice: _____
- 9) Grounds for appeal for interpretation or reasons for variance or other requests are : _____

Signed _____

Landowner _____

Applicant _____

Date _____

****Note: If additional space is needed, please use additional sheets or make other attachments as necessary.****

Please list names and address or all adjacent property owners :
