

**Application for Variance/Special Exception
SMITH TOWNSHIP
ZONING HEARING BOARD**

Applicant _____ **Date** _____

Address _____ **Fee- \$750.00 or actual cost incurred
Chapter 27, Section 1605**

Signature _____

Phone No. - _____ **Fax -** _____ **Email -** _____

Location of property _____ **Zoning District** _____

Parcel Number(s) _____

Relevant Ordinance Provision _____

Nature of Request(please attach another paper if more space is needed)

For Township Use

Filed with Zoning Hearing Board on _____

Filing acknowledgement on _____

Fee Paid: _____ **Check No.** _____

Hearing held on _____ **at Smith Township Municipal Bldg.**

Date _____ **Time** _____

Zoning Hearing Decision: **Approved** _____ **Denied** _____

Findings of Fact in Support of Decision

Chairman, Zoning Hearing Board

Member, Zoning Hearing Board

Member, Zoning Hearing Board

Variance Number _____

Issued _____, **to** _____

Reason for Variance:

Conditions:

Approved by Zoning Hearing Board _____
Date

Chairman, Zoning Hearing Board